American Optometric Association
NEWS™

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Volume 48 April 26, 2010 No. 15

"La Nouba" is the first Cirque du Soleil show presented in a custom-built freestanding theater. It is located at Downtown Disney in Orlando, Fla., the site of the 2010 Optometry's Meeting®. Register for Optometry's Meeting® today. Those who register between April 2 and May 18 receive premium rates. After May 18, on-site rates will apply. See page 78 of your Preliminary Program or visit *www.optometrysmeeting.org* for rate information. Read more about Optometry's Meeting® on pages 12 and 13.

VA confirms need for coordinated, preventive eye care

The Department of Veterans Affairs (VA) Veterans Health Administration (VHA) is calling for better care coordination in VA medical centers to help prevent visual impairment in veterans with eye disease.

A March 25 VA information letter on Visual Impairment Prevention For Veteran Patients recommends that primary care physicians, optometrists, ophthalmolo-

See VA, page 18

AOA continues fight for long-term reform as Congress approves 2-month retroactive Medicare pay 'patch'

Congress has approved an AOA-backed bill that would retroactively reverse a massive cut in Medicare payments to optometrists and other physicians. The 21 percent cut was scheduled to take effect Apr. 1; however, the measure approved by Congress overturns the steep cut retroactive to Apr. 1 and freezes Medicare payments at existing levels through May 31.

After overcoming an important procedural hurdle, the U.S. Senate gave final approval on Apr. 15 to the Continuing Extension Act (H.R. 4851) by a vote of 59-38.

The bill, which passed the U.S. House on Mar. 17, would also extend long-term unemployment benefits, COBRA health insurance subsidies for jobless workers, a national flood insurance program and the use of 2009 poverty guidelines for federal programs.

In the run-up to the final vote, Senate Democrats and Republicans continued to wrangle over how the $9.2 billion bill would ultimately be paid for and whether the bill's price tag would be exempt from budgetary offset requirements.

After leading a successful effort to waive budgetary pay-as-you-go requirements and consider the legislation as emergency spending, Sen.

This latest action delays enactment of the planned cut until June 1.

Max Baucus (D-Mont.), chairman of the Senate Finance Committee, offered an amendment to the House-approved legislation that would extend the freeze beyond the original date of Apr. 30 and continue it to May 31. The Senate has since voted to approve the Baucus extension amendment sending the bill back to the U.S. House for final consideration, which quickly gained passage in the lower chamber. This latest action delays enactment of the planned cut until June 1.

However, Congress will need to take further legislative action before the May 31 deadline to avert the scheduled 21 percent cut.

Meanwhile, Democratic leaders are still trying to resolve differences on a package (H.R. 4213) that would prevent further cuts and extend the Medicare pay freeze and other expiring provisions through the end of the fiscal year.

As the Apr. 1 deadline passed, the U.S. Centers for Medicare & Medicaid Services (CMS) instructed its contractors to temporarily hold fee-for-service claim processing, anticipating Congress would once again intervene.

In turn, the AOA Washington office advised ODs to hold claims, if possible, with dates of service on or after April 1, until Congress

See Medicare, page 14

President's Column
Adding to our strength

4

Optometry's Meeting®
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13

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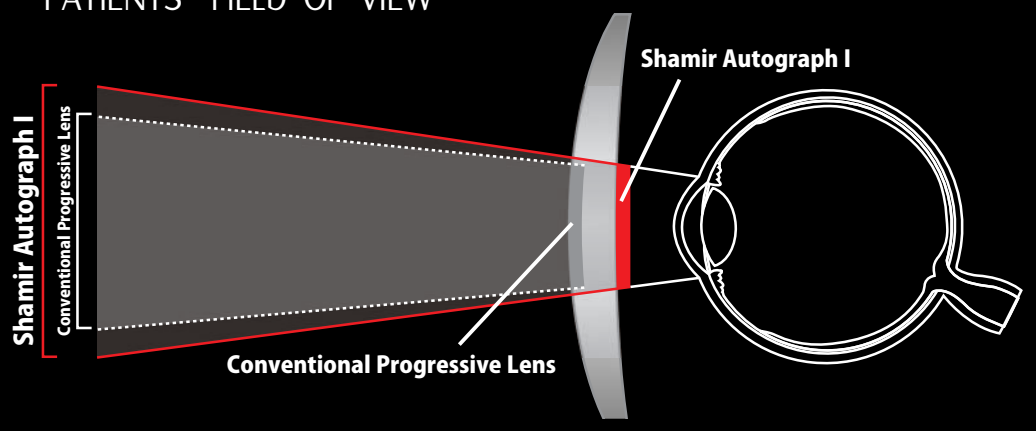

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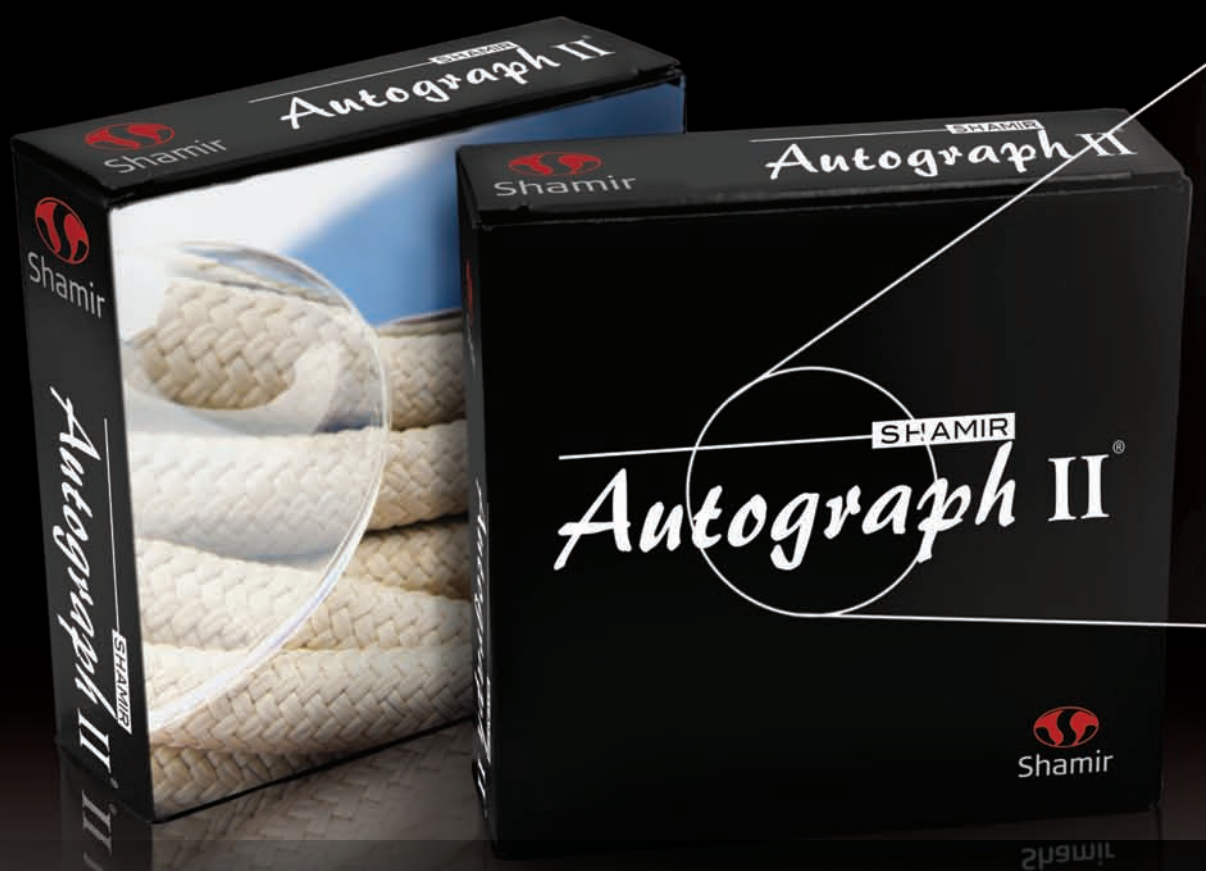

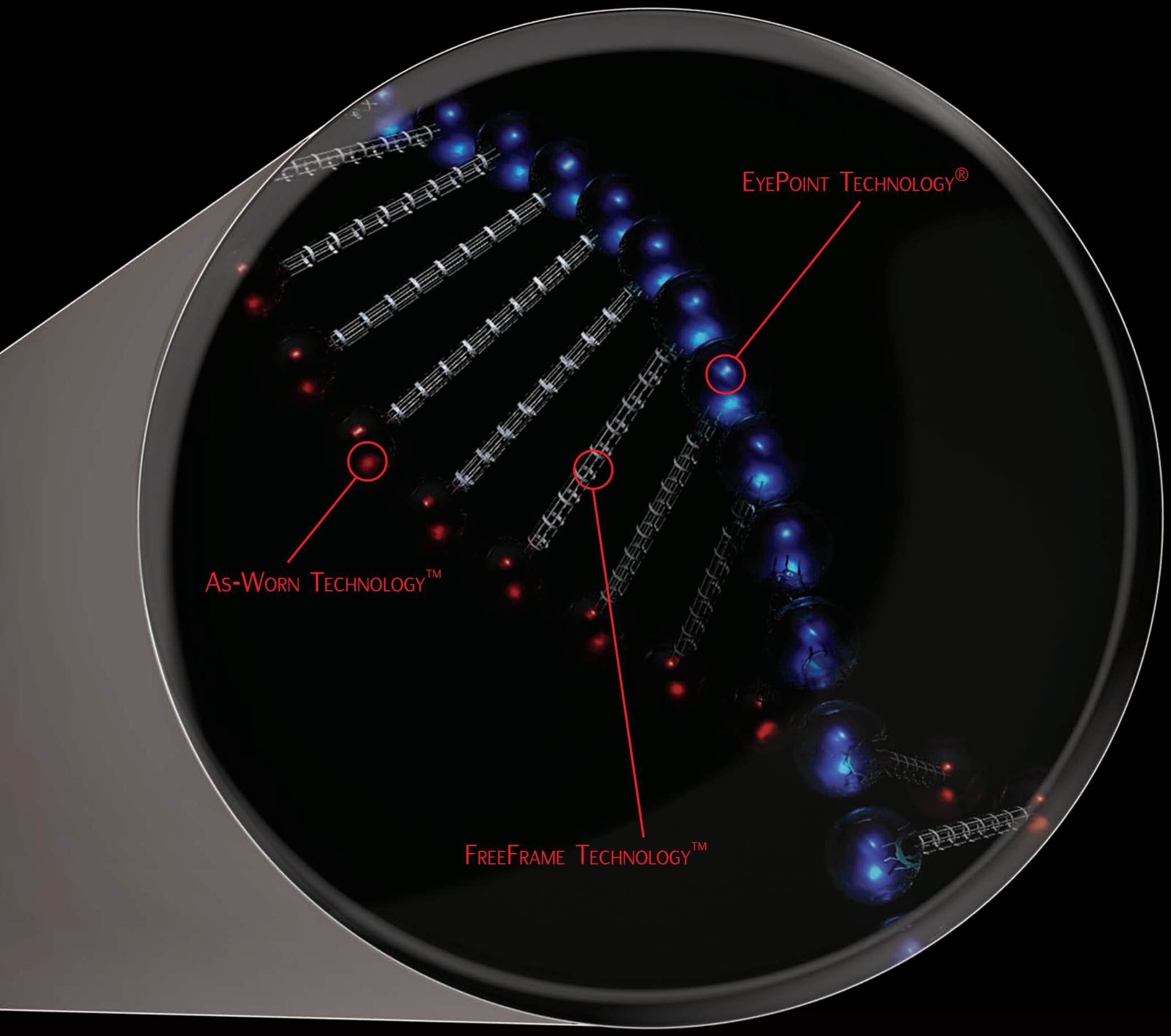

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Ensuring our future

While every optometrist in the country has a right to be proud of our entire profession for our advocacy efforts during the health care reform debate, we should not pause for self-congratulations for too long.

This 16-month-long marathon on Capitol Hill was the largest, loudest and longest public policy battle ever.

The AOA stood up to a range of groups that were intent on trying to impose their definitions, limits and restrictions on our profession, and yet we stayed focused on patient access to care issues.

If national health care reform was going to be about new coverage for more than 30 million uninsured Americans, the AOA's goal was to extend the focus of the debate to the more than 70 million individuals with coverage through ERISA plans that can and do discriminate against optometry.

Our objective from the beginning was nothing less than securing the profession's biggest patient access win ever.

Certainly we have a right to be incredibly proud as a profession, and I am fortunate to be your president at this momentous time in the history of our profession.

And yet we are far from done. There is unfinished business yet to be completed in Washington, D.C., with additional legislative priorities that demand our attention. and our involvement and our efforts need to be redoubled as Congress will certainly consider any number of "clean up" bills over the months and years that have the potential to undo many of the gains that we have made on behalf our patients.

We must remain vigilant as a profession to protect our hard fought pro-patient wins.

What is won legislatively can be taken away by regulations if we expend our energy patting ourselves on the back instead of staying involved on a state and national level.

The AOA will be working with federal and regional agencies and stakeholders during the regulatory process to ensure that optometry's key objectives remain front and center.

The AOA's State Government Relations Center and our Third Party Center will be working with each affiliate in assuring that state laws and regulations integrate optometry into the health exchanges during the implementation process and beyond.

It is critical that you remain active and engaged with your state affiliate optometric association.

Staying in touch by closely following your state and AOA communications will become even more important during the implementation phase and beyond.

A doctor told me at a meeting this past weekend that over the past year, he has seen the most communications from the AOA ever in his 30+ years in practice.

We must remain vigilant as a profession to protect our hard fought pro-patient wins. What is won legislatively can be taken away by regulations if we expend our energy patting ourselves on the back instead of staying involved on a state and national level.

Although I am gratified to hear such comments, I am reminded that communication is a two-way street and all optometrists need to take an active role in determining the future of our profession.

To be sure, our AOA membership stands today at an all-time high, and we have seen our AOA-PAC make some very significant gains in 2010 in both dollars raised and member participation.

While our success is worth writing about – we still have much more PAC money to raise if we're going to hit our $1.25 million goal by Dec. 31.

Dr. Brooks

If each member of the AOA invested just $50 in AOA-PAC – we could be the largest health care PAC in the nation.

I truly believe that we can achieve that goal.

You can donate by clicking on this link: *http://www.aoa.org/x4827.xml*.

Donating to PAC has never been easier. You can log onto the AOA's Web site and donate via credit card.

Each and every member adds to our strength as advocates for our patients, and every PAC dollar invested in our future strengthens us.

We are a small profession, and it is our united voice that makes us heard us in Washington, D.C., and on Mainstreet, U.S.A.

Sincerely,

Randolph Brooks, O.D.
AOA president

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Strategy confirmed to help determine when to treat retinopathy of prematurity

Scientists have shown that through an eye exam, doctors can identify infants who are most likely to benefit from early treatment for potentially blinding retinopathy of prematurity (ROP), resulting in better vision for many children.

These long-term results of the Early Treatment for Retinopathy of Prematurity (ETROP) study confirm that the visual benefit of early treatment for selected infants continues through 6 years of age. The research, published April 12 online in *Archives of Ophthalmology*, was supported by the National Eye Institute (NEI), part of the National Institutes of Health.

"This study has set the standard of care for infants with ROP by showing that early treatment of selected high-risk premature babies has positive longer-term results on vision."

"This study has set the standard of care for infants with ROP by showing that early treatment of selected high-risk premature babies has positive longer-term results on vision," said NEI Director Paul A. Sieving, M.D., Ph.D.

"We applaud the researchers in this study for evaluating the effects of early intervention in ROP. Early treatment of any condition is important for the best long-term benefits," said InfantSEE® Committee Chair Glen T. Steele. O.D. "In addition, we would stress the importance of visual development in the process of early intervention. Activities for these babies and young children will provide the framework to allow the babies to reach the highest level of function possible."

An estimated 15,000 premature infants born each year in the United States are affected by some degree of ROP. At-risk infants generally are born before 31 weeks of the mother's pregnancy and weigh 2.75 pounds or less.

This disease, which usually develops in both eyes, is one of the most common causes of vision loss in children. About 90 percent of infants with ROP have a mild form that does not require treatment, but those who have a more severe form can develop lifelong visual impairment, and possibly blindness.

During pregnancy, the blood vessels of the eye gradually grow to supply oxygen and essential nutrients to the retina.

If a baby is born prematurely, growth of the blood vessels may stop before they reach the edge of the retina. In these newborns, abnormal, fragile blood vessels and retinal tissue may develop at the edges of the normal tissue.

The abnormal vessels can bleed, resulting in scars that pull on the retina. The main cause of visual impairment and blindness in ROP is retinal detachment.

Laser therapy or cryotherapy, using freezing temperatures, are the most effective treatments to slow or stop the growth of abnormal blood vessels.

"The long-term study has given clinicians evidence that infants with ROP should be treated with different strategies based on an infant's risk for a severe form of the disease, which can be determined through an exam at the bedside," said study chair William V. Good, M.D., of Smith-Kettlewell Eye Research Institute in San Francisco.

Previously, doctors treated infants with ROP when they estimated their risk for retinal detachment to be 50 percent, a strategy developed through the NEI-supported Cryotherapy for Retinopathy of Prematurity Study. Although this was a major finding, many infants still went on to develop severe eye disease. Therefore, the first phase of the ETROP study aimed to discover if doctors could identify infants at a higher risk for progression of the disease and intervene early to improve their vision.

In 2003, the ETROP study found that early treatment—upon diagnosis as higher risk for severe ROP—improved the vision and retinal health of certain infants after nine months.

These infants had dilated or twisted blood vessels in the retina and substantial growth of new blood vessels, classified as Type 1 disease.

Eyes with Type 2 ROP, or a more moderate amount of new blood vessel growth, did not benefit from early treatment.

Doctors could predict which infants were more likely to benefit from early treatment by identifying certain eye characteristics, such as the appearance and location of the blood vessels.

The current study followed the same 370 children through 6 years of age, when researchers checked their vision and examined the development of their eyes.

The nine-month study recommendations were confirmed through 6 years.

Type 1 eyes benefitted from early treatment, and Type 2 eyes had similar results with either early treatment or treatment at the standard time.

Seventy-five percent of the early-treated Type 1 eyes were spared legal blindness, compared with 67 percent of Type 1 eyes that received treatment at the standard time.

Of the Type 2 eyes that were carefully monitored for disease progression through the standard protocol, more than half improved without treatment.

"Unfortunately, not all eyes selected for early treatment do well," said Robert J. Hardy, Ph.D., director of the ETROP study coordinating center and professor of biostatistics at the University of Texas School of Public Health in Houston. "Additional research is needed to identify still better methods for the prevention and treatment of severe ROP."

The National Eye Institute, part of the National Institutes of Health, leads the federal government's research on the visual system and eye diseases. NEI supports basic and clinical science programs that result in the development of sight-saving treatments. For more information, visit *www.nei.nih.gov*.

The National Institutes of Health (NIH) — The Nation's Medical Research Agency — includes 27 Institutes and Centers and is a component of the U.S. Department of Health & Human Services. It is the primary federal agency for conducting and supporting basic, clinical, and translational medical research, and it investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit *www.nih.gov*.

LETTERS

Climbing the mountain

Dear Editor:

After 60 years as an AOA member, I wish to comment on Bill Morrison of Gainesville, Georgia's letter.

Sure, board certification is a national giant step. Yes, many of us do not know if we will pass or not despite all our college and high steps we have already achieved.

What many do not understand is that optometry is between a rock and the hard place. If we slack now, we will undoubtedly be condemned to second or third place in the new national health program or deleted.

My OD grandfather fought to even initially get optometry recognized by our state.

These are trying times, and like it or not, optometry is going to have to prove, as other recognized professions have, to be board certified. It's not if we like it. It's what our back against the wall demands for us to go forward.

Years ago, osteopathy had great struggles for recognition and were downgraded in many ways by the medical profession. Osteopathy upgraded their skills and by effort—a lot of effort—finally obtained recognition and had board certification to boot.

Optometry is getting to the brink of similar recognition, and board certification can greatly assist the next step forward.

We simply must go ahead or we go behind. We cannot live in the past, and what we have accomplished—and hate to say it—is water under the bridge. The obstacles are formidable ahead, and we must regear to again climb the mountain of all important health care recognition.

J.R. Hale, O.D.
Sunnyside, Wash.

Loomis files for re-election

Steven A. Loomis, O.D., has filed for re-election as an AOA trustee. He is a past chair of the AOA State Government Relations Center (SGRC), Oversight Board, AOA Health Care Legislative Committee (HCLC) and the Resolutions and the Legal Defense Fund Oversight committees and served as co-chair of the Fall Advocacy Planning Committee.

Dr. Loomis serves as the liaison trustee to the Advocacy Group Executive Committee, Community Health Center Committee, Federal Legislative Action Keyperson Committee, Federal Relations Committee, Health Information Technology and Telemedicine Committee, Medical Home Project Team, Professional Relations Committee, State Government Relations Center Executive Committee, Paraoptometric Group Executive Committee, Commission on Paraoptometric Certification, Paraoptometric Section, and as a member of the Optometry Awareness and Public Affairs Committee.

He has also served as a member on the Advocacy Group Executive Committee and Credentialing Committee and as a trainer for the AOA's Optometric Leadership Institute.

Dr. Loomis attended Montana State University and received his optometry degree from Pacific University College of Optometry in 1979. Shortly after graduation, he began practicing with Kaiser Permanente in Colorado. In 1981, he opened a private practice in Littleton, Colo., where he continues to practice today.

Since entering optometry, Dr. Loomis has been an active volunteer. He has worked on numerous committees within the Colorado Optometric Association (COA) and served as secretary-treasurer and president of the COA. He served as legislative chair, testifying on optometry's behalf and negotiating with ophthalmology during scope expansion. He revamped the COA Awards Committee process and chaired the Children's Vision Task Force, which developed the goals for children's vision programs in Colorado. In 1994, Dr. Loomis was appointed to serve on the Board of Trustees of the Southwest Council of Optometry and later became president of the Southwest Council. His primary responsibilities were paraoptometric education and the development of the State Leaders' Meeting.

Dr. Loomis

He is a past president and board member of the Denver Southwest Rotary Club and became a Paul Harris Fellow in 1990. He was elected to the Board of Elders for Southern Gables Church and has been chair of its board for six years. Dr. Loomis and his wife of 33 years, Kathy, have three adult children.

Win prizes, attention in AOA Photo Contest

As a way of building a storehouse of arresting and beautiful photos, the AOA announces its second annual photo contest. Open to AOA member ODs, American Optometric Student Association (AOSA) member students and Paraoptometric Section members, the contest's top prize in each category is $500 cash. All participants will have a chance at seeing their photography in AOA publications or online media.

Prizes:

There will be one $500 cash winner in each of four categories: Practice Settings, Special Populations (children, seniors, disabled or diverse), Community, and Events. The first finalist in each category will win $250. The second finalist will win $125. All finalists will receive a "gallery-wrapped" print of their winning entry.

Contest dates:

The AOA's Photo Contest begins April 20, 2010, and ends May 20, 2010, at 2 p.m. Central Daylight Time (CDT). By submitting an entry, each contestant agrees to the rules of the contest.

Eligibility:

Members of the AOA, the AOA Paraoptometric Section and the AOSA are eligible. For details and to submit photos, visit *www.aoa.org/photocontest.xml*.

Additional genes associated with AMD identified

A large genetic study of age-related macular degeneration (AMD) has identified three new genes associated with this blinding eye disease—two involved in the cholesterol pathway.

Results of this large-scale collaborative study, supported by the National Eye Institute (NEI), part of the National Institutes of Health, were published online April 12 in the *Proceedings of the National Academy of Sciences*.

"Genome-wide association studies require large numbers of patients to discover significant genetic associations. The success of this effort was made possible by a community-wide scientific collaboration of sharing DNA samples and analyzing the genomes of more than 18,000 people," said Paul A. Sieving, M.D., Ph.D., NEI director. "This study increases our understanding of DNA variations that predict individual risks of AMD and provides clues for developing effective therapies."

AMD is a leading cause of visual impairment and blindness in older Americans.

"This study increases our understanding of DNA variations that predict individual risks of AMD and provides clues for developing effective therapies."

Researchers have previously discovered genes that account for a significant portion of AMD risk through genome-wide association studies (GWAS), which scan the entire DNA of individuals to uncover genetic variations related to certain diseases.

The recent large GWAS was led by Anand Swaroop, Ph.D., currently chief of the NEI Neurobiology-Neurodegeneration and Repair Laboratory, and Goncalo Abecasis, D.Phil., professor of biostatistics at the University of Michigan, Ann Arbor.

The strongest AMD genetic association found in the study was in a region on chromosome 22, near a gene called metalloproteinase inhibitor 3 (TIMP3). Mutations in the TIMP3 gene were previously found to cause Sorsby's fundus dystrophy, a rare inherited early-onset form of macular degeneration.

Although further research is needed, it is likely that the genetic region pinpointed influences the expression of TIMP3.

The study has also shed light on a new biological pathway for AMD disease development, by uncovering two genes associated with AMD risk in the high-density lipoprotein (HDL) cholesterol pathway: human hepatic lipase (LIPC) and cholesterol ester transfer protein (CETP).

Scientists identified two additional genes, lipoprotein lipase (LPL) and ATP binding cassette transporter 1 (ABCA1), that may be involved in the cholesterol pathway as well, but more research is needed to confirm these findings.

HDLs are among a family of lipoproteins that transport essential fats, such as cholesterol, through the bloodstream.

It is believed that early stages of AMD are affected by accumulation of oxidation products of cholesterol and other lipids in the retinal pigment epithelium, a layer of cells in the back of the eye. However, the relationship between HDL cholesterol levels in the blood and AMD is still unclear.

"We suspect that these genetic variations found in the cholesterol pathway impact the retina differently from the circulatory system, so cholesterol levels in the blood may not provide meaningful information about AMD risk," Dr. Swaroop explained. "Nonetheless, we have uncovered a major biochemical pathway that may be a target for future AMD treatments."

For more information about AMD, visit *http://www.nei.nih.gov/health*.

AOA EHR course now set for 31 states

The Kentucky Optometric Association, Oklahoma Association of Optometric Physicians, and South Carolina Optometric Physicians Association have joined the AOA affiliates offering the AOA Health Information Technology and Telemedicine Committee's (AOA-HITTC) Enhancing Patient Care through the Implementation of Electronic Health Records (EHRs) continuing education course.

The course will now be offered in a total of at least 31 states over the next 18 months, according to Philip Gross, O.D., AOA HITTC chair.

The Council on Optometric Practitioner Education (COPE) this month officially notified the committee that the EHRs course meets its criteria for optometric continuing education programs.

COPE-approved courses are recognized for continuing education credit by the members of the Association of Regulatory Boards of Optometry (ARBO), which represents boards of optometry in all 50 U.S. states, four U.S. territories and jurisdictions, and two Canadian provinces.

Developed as part of the new AOA EHR Preparedness Program for Optometry, the course is specifically intended to help optometric practices:

- Understand the requirements for the federal American Recovery and Reinvestment Act (ARRA) incentive program, which begins Jan. 1, 2011
- Become part of the U.S. Department of Health & Human Services' (HHS) Nationwide Health Information Network (NHIN) scheduled for launch in 2014, and
- Avoid Medicare payment penalties for practitioners who do not use EHRs, beginning in 2015.

The course offers three hours of classroom instruction by nationally recognized leaders in the application of EHR technology in optometric practices.

Demonstrations of EHR systems will be offered by leading software vendors following the course.

The "Enhancing Patient Care through the Implementation of Electronic Health Records" (EHRs) continuing education course is supported by grants from Compulink Business Systems, EMRlogic Systems, Inc., Eyefinity/Officemate, First Insight, Marco, Practice Director, QuikEyes, RevolutionEHR, and Topcon.

EHR preparedness course schedule for 3 additional states

State	Date and contact
Kentucky	Saturday, September 25, 2010 Sarah Jones, director of meetings 502-875-3516 *sarah@kyeyes.org*
Oklahoma	Saturday, October 9, 2010 Pati Mahar 405-524-1075 *pati@oaop.org*
South Carolina	Date TBD Jackie Rivers, executive director, 803-799-6721 *jrivers@sceyedoctors.com*

For a complete schedule, visit *www.aoa.org/ehr.xml*.

The Commission on Paraoptometric Certification is looking for practices in the Salt Lake City, Utah, area that may be willing to host the practical examination in 2011 at Optometry's Meeting®. Criteria are located at *www.aoa.org/x14415.xml*. For more information, call 800-365-2219, ext. 4135.

Medicare independent auditor program goes nationwide

Medicare is implementing an aggressive new nationwide auditing program to crackdown on inaccurate billing.

Under the U.S. Centers for Medicare & Medicaid Services' (CMS) Recovery Audit Contractor (RAC) program, independent auditing firms (see box) – with their compensation based on the dollar amount of inaccurate billing they uncover – will now be retained in all 50 states to review Medicare claims filed by physicians and all other entities or practitioners who bill the Medicare program.

"Optometry has good record with respect to claim filing accuracy. However, all health care providers should be aware that Medicare is expanding its claim auditing program. There will be more audits and records will be scrutinized even more carefully," said Roger Jordan, O.D., member of the AOA Federal Relations Committee.

"To minimize the possibility of a time-consuming Medicare audit, as well as ensure prompt payment of Medicare claims, practitioners should review their claim filing practices for adherence to Medicare rules and regulations," Dr. Jordan advised.

Since its inception, the CMS has relied on a cadre of staff auditors to monitor Medicare claims for inaccuracies. However, as part of an improper billing reduction initiative authorized under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Congress instructed the agency to investigate the use of outside auditors as a means of supplementing its in-house auditing program.

"Optometry has good record with respect to claim filing accuracy. However, all health care providers should be aware that Medicare is expanding its claim auditing program. There will be more audits and records will be scrutinized even more carefully."

Because the independent auditors are paid a contingency based on the dollar amount of improper payments they identify and return to the federal treasury, the audit firm tends to examine claims closely and tend to be diligent about seeing that overpayments are actually recovered, the AOA Advocacy Group says.

The CMS tested the RAC concept with a three-year (2005-2008) RAC demonstration project that was launched in California, Florida and New York and expanded to Massachusetts, South Carolina, and Arizona in its final year.

After the Congressional Budget Office determined the RAC program was producing immediate results, Congress in 2006 enacted legislation requiring it be made permanent in all 50 states by 2010, using savings from the RAC program to help offset the cost of physician pay increases authorized that year.

The RAC auditors rely primarily on computers to scan Medicare claims for billing issues, such as duplicate claims and incorrect fee schedule amounts.

RAC auditors are paid contingency fees for all overpayments and inappropriate payouts identified in Medicare Part A and Part B claims reviews.

However, under the RAC program, auditors are responsible for detecting all types of improper Medicare payments, correcting the payments by either collecting overpayments or paying back underpayments to providers.

President Obama predicts the independent audit initiative will return at least $2 billion during its first three years as a national program, doubling the amount Medicare had expected to recover over that period.

A CMS evaluation found the three-year RAC demonstration project corrected more than $1 billion of Medicare improper payments from 2005 through March 27, 2008.

Based on those results, the agency expects RAC to find at least $2 billion in Medicare billing errors during its first three years as a national program.

Roughly 96 percent of the improper payments ($992.7 million) were overpayments collected from providers, while the remaining 4 percent ($37.8 million) were underpayments repaid to providers.

The vast majority of payment recoveries in the demonstration project came from hospitals rather than health care practitioner offices. Some 85 percent were collected from inpatient hospital providers, and the other principal collections were 6 percent from inpatient rehabilitation facilities, and 4 percent from outpatient hospital providers.

Only about $20 million – or about 2 percent – of the overpayments, was recovered by auditors from physician

Recovery Audit Contractor

Under the new Recovery Audit Contractor (RAC) program, Medicare claims will be reviewed by one of four firms retained directly by the U.S. Centers for Medicare & Medicaid Services (CMS) to provide postpayment auditing services on a regional basis as follows:

- Region A: Diversified Collection Services – Maine, New Hampshire, Vermont, Massachusetts, Maryland, New Jersey, Delaware, Pennsylvania, Rhode Island, Connecticut, New York, and Washington, D.C.
- Region B: CGI Technologies and Solutions, Inc. – Michigan, Indiana, Minnesota, Wisconsin, Illinois, Ohio, and Kentucky.
- Region C: Connolly Consulting, Inc. – Alabama, Mississippi, Georgia, South Carolina, Florida, North Carolina, Oklahoma, South Carolina, Texas, New Mexico, Virginia, and West Virginia.
- Region D: Health Data Insights, Inc. – Alaska, Arizona, California, Hawaii, Idaho, Montana, Colorado, Wyoming, Nevada, North Dakota, Oregon, South Dakota, Kansas, Nebraska, Missouri, Iowa, Utah and Washington.

Medicare conference calls explain new expanded audit program

To help providers understand the new Recovery Audit Contractor (RAC) initiative, the U.S. Centers for Medicare & Medicaid Services (CMS) is offering a series of teleconferences, the Nationwide RAC 101 Calls. Topics, dates and times for the remaining teleconferences applicable to optometrists are as follows:

- Nationwide RAC 101 Call for DMEPOS – May 5, 2010, 1 p.m. – 2:30 p.m. EST
- Nationwide RAC 101 Call for Physicians May 12, 2010, 1 p.m. – 2:30 p.m. EST

Health care practitioners can take part in either of the teleconferences by calling 877-251-0301.

AOA Vice President Dori Carlson, O.D., of North Dakota presents U.S. Rep. Earl Pomeroy (D-N.D.) with his AOA Health Care Leadership Award in Grand Forks. During the one-on-one meeting, Dr. Carlson thanked Rep. Pomeroy for his support of efforts to re-introduce ODs into the National Health Service Corps (H.R. 1884) and discussed optometry's post-health reform priorities.

Health care reform validates board certification, MOC process

Now that the health care reform bill has been signed into law, the American Board of Optometry (ABO) applauds the efforts of those in the profession who have worked diligently to include measures that assure patient access to optometric care. Optometrists should be aware that the final bill includes language related to board certification and Maintenance of Certification (MOC) that will impact the profession. The bill's language has further validated the process that the ABO will launch later this month.

The most relevant section of the bill is Section 10327, Improvements to the Physician Quality Reporting Initiative (PQRI).

During the years 2011-2014, eligible professionals can qualify for an additional incentive payment if they meet certain requirements for the year.

To qualify, professionals must satisfactorily submit data measures and have the data submitted through a MOC program that meets the criteria for a registry or an appropriate alternative manner. Eligible professionals must also participate in the MOC program for that year and successfully complete a qualified MOC practice assessment.

The bill defines a MOC program as "a continuous assessment program, such as qualified American Board of Medical Specialties Maintenance of Certification program or an equivalent program, that advances quality and the lifelong learning and self assessment of board certified specialty physicians by focusing on the competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills and professionalism."

The MOC program must include requirements to (1) maintain a valid, unrestricted license in the United States, (2) participate in educational and self-assessment programs that require an assessment of what was learned, and (3) demonstrate, through a formalized, secure examination, that the physician has the fundamental diagnostic skills, medical knowledge, and clinical judgment to provide quality care in their respective specialty.

"The ABO is encouraged by the recognition of the importance of the 'formalized, secure examination' in the MOC process," said David A. Heath, O.D., ABO treasurer and president of the State University of New York State College of Optometry. "This is very timely as the ABO is finalizing our decision on our partner for developing our examination. The ABO will also develop Performance in Practice Modules (PPMs) that meet the practice assessment criteria of the bill.

"We expect that other third-party entities will parallel the Act's requirements, making optometry board certification and maintenance even more critical to the practicing optometrist."

A qualified MOC program practice assessment should include (1) an initial assessment of a practice that is designed to demonstrate use of evidence-based medicine, (2) a survey of patient experience with care, and (3) requirements to implement a quality improvement intervention to address any identified practice weakness, and (4) remeasurement to assess performance improvement after intervention.

"We will develop the ABO's Performance in Practice Modules (PPMs) to qualify for these criteria," stated Mary E. Miller, O.D., ABO board member and private practitioner in Canadian Lakes, Mich.

David A. Cockrell, O.D., ABO chairman of the board and private practitioner in Stillwater, Okla., commented that the ABO had anticipated the statute's language. "We expect that other third-party entities will parallel the Act's requirements, making optometry board certification and maintenance even more critical to the practicing optometrist," he said.

The American Board of Optometry plans to have applications for board certification available online by April 30, 2010. Once Initial Qualifying Requirements have been met, an optometrist will be considered an Active Candidate for Board Certification. During the phase-in period that ends Dec. 31, 2012, optometrists have additional opportunities for Post-Graduate Requirements, including credit for Experience in Clinical Practice.

Minn. ED runs for House

Calling for moderate, bipartisan efforts on job growth, better education and improved access to health care, Minnesota Optometric Association (MOA) Executive Director Jim Meffert will be challenging freshman incumbent Republican Rep. Erik Paulsen in Minnesota's 3rd Congressional District this fall.

Running in an upper middle class district west of Minneapolis, Meffert strongly emphasizes his extensive activism on education issues as well as his experience as the full-time chief executive of the MOA.

He is a past president of the Minnesota Parent Teachers Association (PTA) who has worked on a range of local and statewide education initiatives.

Campaign literature notes that in his role with MOA, Meffert has worked with teachers, parents and nurses to ensure good vision for children in the classroom as well as forged alliances with other professional or community groups to help ensure access to eye care.

A long-time member of the AOA Communications Group Executive Committee who chaired the AOA Image Coordinating Committee, Meffert has also been a member of the American Medical Association Headlights Task Force and has served on a special health care access cost containment/medical home working group.

Minnesota's primaries are set for Aug. 10; however, neither Meffert nor Paulsen have opponents. Meffert effectively secured the Democratic nomination April 10 by winning the endorsement of the 3rd District chapter of the Democratic Farmer Labor Party (the state party organization), after which his only rival for the nomination – psychiatrist Maureen Hackett, M.D. – threw her support to Meffert, noting the two hold similar positions on major issues.

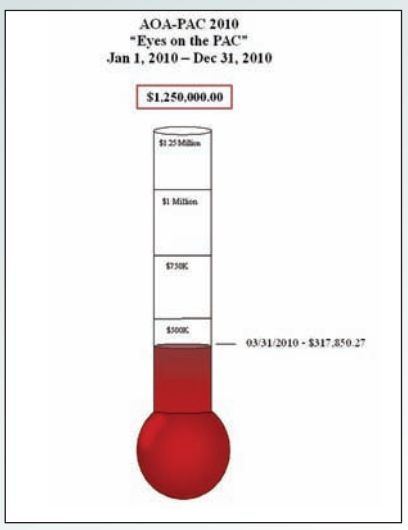
As in his work with MOA and education groups, Meffert said he is emphasizing coalition building in his campaign. "Since day one of this campaign I have been building a strong foundation: a foundation that includes all of our voices and has the resources, the message and the team to be successful in November."

However, he acknowledged that incumbent Paulsen is likely to have a well-financed campaign.

Additional information can be found on the Jim Meffert for Congress Web site (*www.jimmeffert.com*) or at the campaign's Facebook page.

Eyes on the PAC

AOA-PAC contributions reach $317,850.27 so far, on the way to a goal of $1.25 million.



Medicare revises geographic cost indexes

Physicians, who had been facing reductions in their Medicare reimbursements as a result of relatively low costs of practice and living in their areas of the county, now will not be seeing payments decreased as much as originally anticipated during 2010 and 2011, according to the AOA Advocacy Group.

In addition to authorizing major reforms of the American health care system, the federal Patient Protection and Affordable Care Act, signed March 23 by President Barack Obama, authorizes changes in the Medicare geographic practice cost indexes (GPCI) – a component in Medicare's complex-fee setting formula that is designed to ensure that the government health plan's reimbursements to health care practitioners around the nation are in line with local market conditions.

The legislation requires the U.S. Department of Health & Human Services (HHS) to revamp the way it calculates the GPCIs by 2012 and, in the meantime, make temporary adjustments to the indexes that will serve to stabilize payments to optometrists and other Medicare Part B providers in many areas of the nation during 2010 and 2011, according to the AOA Advocacy Group.

The AOA Advocacy Group estimates that raising the practice expense geographic practice cost indexes will shore up Medicare physician payment rates in 42 states and territories.

"The bottom line is that, for practitioners in many parts of the county, Medicare Part B payments will be a little higher than they would have been otherwise," said Jon Hymes, director of the AOA Advocacy Group.

The AOA Advocacy Group estimates that raising the practice expense geographic practice cost indexes will shore up Medicare physician payment rates in all or parts of 42 states and territories.

In most of those areas, the legislation will mean Medicare reimbursements will probably be around 2 percent or 3 percent higher than they would have been otherwise, the AOA Advocacy Group estimates.

Under the Medicare payment system, values are assigned to all covered services based on the physician work, professional liability costs, and practice expenses involved.

The HHS then develops GPCIs each year for use by Medicare carriers around the nation in adjusting those work, liability and practice expense values to more closely reflect market conditions in the payment locality.

Last month's health reform legislation would limit reimbursement reductions due to geographic adjustment by establishing or maintaining temporary floors for two of the three indexes.

The legislation will extend through the end of 2010, a floor of 1.00 for the work GPCI that had expired Dec. 31, 2009.

It also establishes a floor practice expense GPCI of 1.00 for It stipulates that during 2010 and 2011.

The 1.00 floor effectively means that in localities where costs are lower than average, Medicare payments will be based on the average national costs rather than local costs.

The HHS' Centers for Medicare & Medicaid Services (CMS) is expected to formally propose regulations on the new indexes shortly.

The CMS has not yet indicated how it will implement the adjustment for claims that have already been paid in 2010.

Manufacturer recalls Camolyn Eye Drops

US Oftalmi announced April 2 that it is conducting a voluntary nationwide recall of its over-the-counter eye and nasal drops. The products are packaged in 15mL plastic bottles and were distributed nationwide to food and drug distributors for retail.

For a list of the recalled product, see box at right.

The recall is being initiated due to conditions at the manufacturing facility that cannot assure the sterility of the products.

Products that are non-sterile have the potential to cause eye infections, which may be sight threatening.

Based on its investigation to date, the manufacturer believes the likelihood of users experiencing a serious adverse reaction is remote. However, in a prepared statement, the Hallandale, Fla., company said it is "taking a conservative approach" and is conducting the recall in the best interest of its customers.

The recall is being made with the knowledge of the Food and Drug Administration (FDA).

No adverse effects, illness or injuries have been reported to date. Any adverse reactions associated with the use of the products may also be reported to the FDA's MedWatch Program by fax at 1-800-FDA-0178, by mail at MedWatch, FDA, 5600 Fishers Lane, Rockville, MD 20852-9787, or on the MedWatch Web site at *www.fda.gov/medwatch*.

The company has ceased the production, importation and distribution of the products until further notice. Consumers who may have any of these products on hand are advised to discard them immediately. Consumers with questions may call US Oftalmi at 954-338-6891 Monday through Friday 8 a.m. to 4:30 p.m. EST.

"The company is committed to taking all necessary measures to remedy these production issues, and protect the trust physicians and patients place in our products," said Corrado Ruscica, president. "Products have been used safely since their introduction in 2004 and are supported by our 30-year heritage of meeting high safety and efficacy standards. US Oftalmi Corporation remain committed to product quality, integrity, and customer satisfaction."

PRODUCT	LOT#	EXPIRATION DATE	UPC
CAMOLYN HOMEOPATHIC	049036 087934	05/2011 08/2009	591196 00446
CAMOLYN PLUS, NAPHAZOLINE + CHAMOMILE 15 ml.	037691 097420	03/2010 10/2010	66482 00018
CAMOLYN REFRESH 15 ml.	116636 107610	11/2009 11/2010	66482 00020
CAMOLYN-A, NAPHAZOLINE + PHENIRAMINE 15 ml	057063 058962 106606 099487	05/2009 04/2010 10/2008 09/2011	66482 00019
FISIOLIN NASAL DROPS SODIUM CHLORIDE PEDIATRIC USES 15 ml.	028659	03/2011	591196 00375

Products included in the recall

AOA president points to health care overhaul victories, outlines next steps

More than 16 months after a far-reaching overhaul of the nation's health care system became the top domestic policy priority in Washington, D.C., the AOA – through the determined work of concerned doctors and students from across the country – has won a historic patient access victory for the profession in the national health care battle.

Included in the more than 2,000-page Patient Protection and Affordable Care Act — the health overhaul legislation signed into law by President Obama on March 23—is a landmark provision sponsored by Sen. Tom Harkin (D-Iowa) that is designed to outlaw discrimination against optometrists and other providers by health plans, including self-insured ERISA plans.

"The approval of the Harkin Amendment is a tremendous victory for optometry and will likely prove to be one of the most historic advances in patient access to optometric care since the 1986 recognition of optometrists as physicians under Medicare," said AOA President Randolph E. Brooks, O.D.

"Even in 2010, many of these plans maintain an outdated view of us and the care we provide for our patients. Today, with the help of pro-access leaders in Congress like Sen. Harkin, they will have no choice but to view us as we are: America's frontline providers of eye health and vision care."

The new health care overhaul law includes a number of other significant advances and important AOA-backed provisions aimed expanding access to optometric care, which the AOA has outlined for members at: *http://www.aoa.org/documents/HCR-Outline.pdf*.

The AOA has also prepared a frequently asked questions page — including a timeline of when specific changes take effect and how they might impact your patients and practice — for members to review at: *http://www.aoa.org/documents/faqs.pdf*.

"Regardless of how we may feel personally about the massive bill Congress approved and the president has signed into law, we can be very proud of the AOA's role in fighting and winning key battle to expand access to care," said Dr. Brooks.

"Up against the insurance industry, organized medicine and other deep-pocketed special interests with an anti-optometry agenda –who if given the chance would have sought to erect new barriers between our patients and us – we have prevailed, Dr. Brooks added. "Now we stand on the brink of a new era in our dealings with health plans."

"The approval of the Harkin Amendment is a tremendous victory for optometry and will likely prove to be one of the most historic advances in patient access to optometric care since the 1986 recognition of optometrists as physicians under Medicare."

AOA members are also encouraged to visit the AOA's YouTube channel at: *http://www.youtube.com/user/aoawebb* to watch a powerful video and hear directly from AOA leaders as they describe the impact of the new health reform law on patients and providers.

"Rather than the end of the national health care reform battle, this marks the beginning of a new phase in which the federal government and every state government will begin to take steps to implement the provisions of this sweeping legislation, Dr. Brooks noted. "Optometry will need to continue to be fully engaged in the implementation process – both at the federal level and in the states – in order to solidify patient access gains, address deficiencies and continue the fight for full recognition and fair treatment for ODs, he added.

For more information on the new health overhaul law or to join AOA Advocacy as a Federal Keyperson or AOA-PAC Investor, contact the AOA Washington office at 800-365-2219 or *ImpactWashingtonDC@aoa.org*.

Presidential celebration to feature funny men

The 2010 Presidential Celebration will feature funny men Frank Caliendo and John Pinette thanks to the generous support of HOYA.

As a comedian, impersonator and impressionist, Caliendo is known for his live stand-up comedy act and uncanny voice and physical impersonations.

As a comedian, impersonator and impressionist, Frank Caliendo is known for his live stand-up comedy act and uncanny voice and physical impersonations.

He's especially known for his impressions of George Bush and football expert John Madden.

Caliendo was a cast member of MADtv and is currently a member of the FOX NFL Sunday Pregame show.

Caliendo has his own new sketch comedy show, titled "Frank TV," on TBS.

Also appearing with Caliendo is Pinette, who was named Stand-Up Comedian of the Year by the American Comedy Awards in 1999 and has received a Gemini Award nomination for his televised performance at The Montreal Comedy Festival in 2000.

Pinette got his big break when he was asked to tour with Frank Sinatra.

Since then he has become a regular guest on "The Tonight Show" and "The View."

Pinette was featured in the movie "Duets," starring Gwenyth Paltrow, "Dear God," starring Greg Kinnear, and "Junior," starring Arnold Schwarzeneger.

He was a regular on the hit series "Parker Lewis Can't Lose," and starred as the car-jacking victim in the final episode of "Seinfeld."

John Pinette

Pinette's comedy CDs "Show Me the Buffet" and "I Say 'Nay Nay'" have been very successful.

His latest project is "I'm Starvin'!" Following the performances of Caliendo and Pinette will be a private laser show and dessert reception in the atrium of the Gaylord Palms®.

Register for function 0380 to receive a ticket to attend this exciting event!

Visit *www.optometrysmeeting.org* for more information.

The online registration deadline is May 18.

After that time, on-site registration is required.

Gov. signs W.Va. law that eases path to scope expansion

With research producing eye and vision care innovations at a quickening pace, new revisions to West Virginia's regulatory system for optometrists could help make eye care advances more quickly available to patients across the Mountain State, according to the West Virginia Optometric Association (WVOA).

Legislation signed March 29 by Gov. Joe Manchin, III, (D) gives the West Virginia Board of Optometry (WVBO) the power to promulgate rules to include within the practice of optometry – pending approval through a legislative review process – any eye or vision care procedure taught in at least half of the accredited schools and colleges.

That effectively means as new eye and vision care techniques are included in optometry school curricula, the board will be able act expediently to ensure they are included in the optometric scope of practice.

Under West Virginia's new law, the optometry board has authority to initiate scope-of-practice changes, including the use of injectables for purposes other than the treatment of anaphylaxis, in the state optometry law through a legislative rule-making process provided those procedures are taught in at least 50 percent of the nation's accredited optometry programs.

The new West Virginia law gives the state optometry board power to add new drugs to the optometric formulary without going through the legislative rulemaking procedures.

The new West Virginia law gives the state optometry board power to add new drugs to the optometric formulary without going through the legislative rule-making procedures.

It also specifically authorizes state optometrists to prescribe one new eye care innovation: drug-dispensing contact lenses, which are expected to be introduced in the United States in the coming months.

The revised law also serves to clarify that optometrists can perform minor surgical procedures such as foreign body removal, the treatment of concretions, and the ordering of diagnostic lab or imaging tests. It also codifies in law the "two doors" tradition, requiring optometric offices have a door with immediate access to a street, hallway or corridor – separate and distinct from the entrance to any optical company with which the practitioners might be associated.

Oregon mourns loss of Schumacher

The AOA and the Oregon Optometric Physicians Association (OOPA) are mourning the loss of OOPA Executive Director Wayne Schumacher. Schumacher died after a battle with cancer.

"Wayne Schumacher was instrumental in making the Oregon Optometric Physicians Association the successful affiliate that it is today, as a membership service organization, as a business, and as a respected and recognizable association in our state legislature," said Darrin Fleming, O.D., OOPA president. "He has taken our association to levels that no one thought possible. He was tireless in his efforts and sincerely dedicated and loyal to the profession of optometry, and our members. Most importantly, Wayne will be sorely missed as a dear friend by all of us who knew him."

Schumacher was a registered health underwriter and studied business administration at Portland State University and health care administration at Concordia University.

Schumacher had an extensive background in the health insurance industry, serving as president of an employee benefits insurance agency, as a marketing director of PacifiCare of Oregon, past executive director of Optometric Service Organization (OSO), and as a former CEO of Eye Health Partners, LLC, a statewide managed organization consisting of both optometry and ophthalmology.

Prior to assuming the position of executive director of the OOPA, Schumacher served as HMO and third-party payer consultant to the OOPA and other provider organizations.

For the more than 10 years, he was the primary administrator of the OOPA's business affairs.

His duties included oversight of staff, financial management of OOPA's assets, membership services, and oversight of the association's Annual Convention and Membership Meetings, and the annual Third Party and Practice Management

see Schumacher, page 18

Schumacher cuddles with a kitten he found on the side of the road on one of his many rides.

CODING TODAY

'Ask the Codeheads' Which is better: one or two?

Edited by Chuck Brownlow, O.D., AOA CodingToday and Medical Records consultant

Optometrists have been asking that question of patients for decades, usually while doing key sections of the process known as refraction.

The question can also refer to refraction in a different light, however—one that's been ignored by too many insurers and optometrists for nearly 20 years. Should refraction be considered a part of an eye care office visit or should it be billed separately?

The answers provided by patients during the refraction are often not so clear. Patients may respond, "I don't see any numbers…I only see letters!" Or, they may calmly state, "Can you go back and show me the same choices I had during my exam two years ago? I think I liked those better."

When it comes to correct choices of codes to report eye care services, however, the answer is very clear. Current Procedural Terminology (CPT, © American Medical Association) changed the definition for the comprehensive ophthalmological service (92004/92014) in 1992 (18 years ago) to make it very clear that refraction is not among the requirements of that service.

About a year later, CPT provided a separate code for refraction, 92015. Since that time, providers and payers who respect CPT have expected refraction to be billed each time it is done, in addition to the office visit.

This is logical because CPT is the only national authority with respect to health care services, their definitions and the codes that represent those services;

This was very good news for doctors and payers in 1992, as there had long been confusion as to whether reporting the office visit to an insurer included the refraction.

This is an important consideration, since refraction has never been a covered service in Medicare or in most major medical insurers.

Prior to 1992, doctors were required to indicate on a Medicare claim whether the visit included a refraction.

If they did not make it clear on the claim, Medicare carriers would assume the visit included refraction and therefore reduce the payment for the visit by 20 to 25 percent.

The change in the CPT definition and the change in policy within Medicare and most medical insurers should have ended the confusion.

By requiring doctors to bill for the visit only, it was expected that they would bill the patient directly for the refraction, as they do for other services that are not covered.

It is clear that the confusion continues even now, among some doctors and some insurers, 18 years after the definitions and policies changed.

Some insurers continue to reimburse doctors for office visits as if the office visit includes refraction and do not permit doctors to bill separately for refraction.

It is also clear that a significant number of optometrists still don't consider refraction to be a separate service and therefore continue to 'bundle' it with the office visit.

Doing so indicates that they either don't understand the CPT definitions or are being inappropriately influenced by insurance companies.

In either case, it is a departure from the CPT definitions and should be discontinued.

Irrespective of the reasons for inaccurate use of CPT codes for office visits and refraction, the key is to correct such errors. This starts with the doctors, of course. It's time for all optometrists to take action:

- First, review in-office billing protocols to be sure refraction is billed whenever it is provided, in addition to the office visit, using the CPT code 92015.
- Second, review all insurance contracts currently in force to determine whether the contracts are respecting the CPT definitions for office visits and refraction.
- Third, contact any insurers who are bundling refraction with office visits and urge them to "snap into the '90s" and honor CPT definitions with respect to all health care services, including refraction.

In all likelihood, if all optometrists would have done these three simple things 18 years ago, this would not be an issue in 2010.

It is time to reverse this scenario. It is the doctors and the national authorities, like CPT, who should be setting billing protocol.

CPT is unlikely to take action to correct violations, so it is up to the doctors to take action.

Which is better, one or two? It's time for each optometrist to acknowledge that the answer is "two" and act accordingly.

Medicare,

from page 1

acted to reverse the cuts in order to help ensure ODs receive full payment for claims. As of press time, the CMS had started to pay claims from April 1 at the lower fee schedule amount. However, the Medicare agency indicated that it was committed to reprocess payments at the higher amount after congressional action to override the cut.

The CMS also announced that it expects to automatically reprocess claims paid and pay doctors the difference unless the doctor submitted the claim with a fee lower than the new fee schedule amount. In the latter case, a doctor might have to resubmit the claim after receiving the initial lower payment from Medicare to get the full payment allowed by Congress.

To keep up to date on the latest developments, make sure to visit the AOA's blog at *http://www.newsfromaoa.org*.

If able to wait, members would get fully paid one time without having to wait for reprocessing or even to resubmit claims and avoid the accounting difficulties that those steps could create. However, the AOA is aware that some practices might need the Medicare cash flow immediately. The AOA also expects the CMS and the Office of the Inspector General for the U.S. Department of Health & Human Services to issue a temporary reprieve from usual patient coinsurance collection requirements.

Doctors who collected coinsurance payments this month based on the lower fee schedule amount will most likely not be required to (but could voluntarily) go back to patients to collect additional coinsurance payments on the difference with the higher Medicare payment approved by Congress today. The reprieve would match Medicare policies in previous years when fee schedules were adjusted retroactively. While the latest action averts an immediate cut, the AOA continues to pressure lawmakers to put an end to the uncertainty facing patients and providers by enacting lasting and equitable reform.

Concerned doctors and students are encouraged to join the fight by using the AOA's Online Legislative Action Center to contact their elected officials directly and urged them to prevent impending cuts as well as advocate for long-term reform.

Originally, the Medicare physician fee schedule was set to have been cut 21 percent on Jan. 1, 2010, as part of a reduction mandated by the current Medicare payment formula, but Congress acted late last year to freeze payment rates at 2009 levels through Feb. 28, 2010.

Congress then acted again - just as hundreds of ODs and students stormed Capitol Hill as part of a massive grassroots advocacy push - to extend the freeze through March 31, 2010.

For more information on this issue and how to join the AOA's efforts on Capitol Hill, contact the AOA Washington Office directly at *Impact WashingtonDC@aoa.org*.

Medicare claims to pay at higher rate

The CMS asserts that physician payments are now being paid at the correct, higher amount authorized by Congress earlier this month when it extended a 0 percent fee schedule update until May 31. Thus, the AOA believes members may submit their Medicare claims for services provided in April and expect to be paid properly without needing to resubmit or reprocess claims later. Members who previously submitted Medicare claims for services provided in April should also receive full payment but will want to check their remittance advice to confirm that the payments were not cut 21 percent in the period before Congress acted on April 15.

AOA Foundation announces 2010 scholarship grant recipients

The AOA Foundation sponsors an annual essay contest for two separate and distinct national scholarship programs.

Galina Grant

Jeremy Dell from Southern College of Optometry was selected for the $2,500 Dr. Seymour Galina Grant.

This scholarship fund, one of the earliest endowed gifts to The AOA Foundation, was established through a bequest from the late Seymour Galina, O.D., a longtime AOA member.

Jeremy Dell

The AOA Foundation invested the original gift and now uses the earnings to fund the $2,500 Dr. Seymour Galina Scholarship Grant in perpetuity.

InfantSEE® Scholarship Grant

Laura Lossing from The Ohio State University College of Optometry was chosen as the national winner for the InfantSEE® Scholarship Grant.

Lossing will be awarded $5,000, and the runner up, Jennifer Hodgen from Southern California College of Optometry, will receive $2,500.

The InfantSEE® Scholarship Grant was created by Vision West, Inc. (VWI), a leading national ophthalmic product buying group to promote InfantSEE®, a no-cost public health program of The AOA Foundation, developed

Laura Lossing

to provide professional eye care for infants nationwide.

"We are pleased that through these scholarships, The AOA Foundation can help students concentrate more on completing their optometric education than on their school debt," said Martha Rosemore Greenberg, O.D., president of The AOA Foundation. "We are grateful to the Galina Family and Vision West, Inc. for making these scholarships available."

"The mission statement of InfantSEE® is the key to why Vision West, Inc. created and continues to support the InfantSEE® Scholarship Grant," said Joseph C. Mallinger, O.D., president and CEO of Vision West, Inc. "Our hope is that through this scholarship, students will become more aware of this InfantSEE® program and soon become ambassadors of the program as they graduate and enter practices of their own."

Each accredited school or college of optometry was invited to submit one nominee for each scholarship topic.

The submissions were evaluated and grant recipients were chosen by The AOA Foundation's Endowment Fund Advisory Committee.

Jennifer Hodgen

Donor spotlight: TVCI

The InfantSEE® program is a grateful recipient of the generous and on-going financial support of its founding partner The Vision Care Institute™, a Johnson & Johnson company.

Prior to the program's launch in 2005, The Vision Care Institute™ helped guide the AOA through the early phases of development and preparation for the national launch. The unique partnership continued when the program's administration was later transferred to Optometry's Charity™ - The AOA Foundation.

In just over five years, The Vision Care Institute™ has contributed nearly $3 million to InfantSEE® and the cause of raising awareness about the importance of a lifetime of eye health and clear vision.

The 2009 federal appropriation that was awarded to InfantSEE® and was used to implement the InfantSEE® Week model opened doors for InfantSEE® as well as for optometry.

Through the pilot project, new methods for reaching out to families were tested, and the successful approaches have been incorporated into the day-to-day operations of InfantSEE®.

None of this would have been possible without the visionary leadership at The Vision Care Institute™, nor without its generous and enduring support.

Please pass the rolls

Blindfolds were required dress for AOA members who attended a special luncheon hosted by Beta Sigma Kappa at the 50th Annual Congress of the American Optometric Association in Atlantic City, 1947. The fraternity's president, Dr. Harry E. Pine, hoped the dining experience would build a greater appreciation for eyesight, a greater understanding of vision loss, and a greater determination to "fulfill our duties as optometrists." *Photo courtesy of the collection of the Archives & Museum, Optometry's Charity™ - The AOA Foundation.*

New education module on 'Fitting Soft Toric Contact Lenses' now available

Maybe it's because they can boast immediate and long term comfort for the patient.

Maybe it's because they provide excellent vision for the wearer.

Whatever the reason, soft contact lenses are the most prescribed contact lenses in the United States.

Soft contact lenses are an excellent choice for the myopic and hyperopic patient.

But what about patients with astigmatism? Can they also enjoy the benefits of a soft contact lens? Of course they can.

Soft toric contact lenses provide excellent vision and comfort; and today's soft toric contact lenses are very easy to fit and are stable on-eye.

But even with this, they are not used as often as they should or could be.

Find out more about "Fitting Soft Toric Contact Lenses," brought to you by an education grant from SpecialEYES, and let the AOA Paraoptometric Section help to take away some of the mystery.

The "Fitting Soft Toric Contact Lenses" Education Module covers:

- Who are soft toric lens candidates
- Challenging soft toric lens candidates
- Methods of soft toric lens stabilization
- Soft toric lens fitting
- Soft toric lens power determination
- Dispensing soft toric lens to ensure patient success
- Troubleshooting the lens power
- Soft toric lens follow-up

Continuing education (CE) allows the paraoptometric to stay current within the eye care field and is especially important in the study of direct patient care and office competency.

Additionally, certified paraoptometrics must obtain 18 hours of CE credit from approved education providers to maintain certification designation.

The modules have been designed in an easy-to-use automated, audio Power Point format, perfect for at-home study.

The modules are also great for educational offerings during staff meetings in the practice.

Staff can watch and listen to the lecture portion of the course and then download the CE exam for individual use.

With the successful completion of the examination, members may receive one hour of CE credit per module.

The cost of each module is $45 for AOA PS member/ $50 OD member/ $60 for non-member, in addition to a usage fee for the actual CE exam.

For information on the modules currently available or on authoring a module, contact the Paraoptometric Section at *PS@aoa.org*.

AOA insurance launches new Web site, hotline

The new AOA Insurance Alliance is officially up and running.

The AOA's partnership with Lockton Affinity and ProAssurance to provide member professional liability and business owners coverage debuted April 15 with the unveiling of the Insurance Alliance Web site at *www.aoainsurancealliance.com* and an insurance hotline at 888-343-1998.

While members wanting to receive a coverage offer may contact the Alliance at any time, coverage will not start until July 1, 2010, when the current Marsh agreement expires.

Insurance Committee Chair Joel Byars, O.D., emphasized that current AOA policyholders should receive an offer from Lockton approximately 90 days in advance of their next renewal date after July 1.

He also encouraged members with coverage through other programs or brokers to check out the new AOA product.

"This is the only liability plan created by optometrist for optometrists, with optometrists actively involved in all phases of the plan," Dr. Byars said. "We are confident that it will set the standard for coverage, value and support for the profession."

Lockton and ProAssurance representatives will be at the AOA booth at Optometry's Meeting® and will also take part in the Insurance Committee's seminar "Protect Your Practice, Plan Your Future" in the exhibit hall theatre on Saturday, June 19.

Nutrition materials available

The AOA announces new materials for you and your patients on ocular nutrition information. The first new brochure, "Ocular Supplement Resources," provides a comprehensive list of the growing number of nutritional supplements containing FloraGLO® Lutein and other important eye-friendly nutrients. An easy-to-read 8 ½" x 11" format, this patient education piece also details food sources of these key nutrients. It is made possible by a generous educational grant from Kemin Health, L.C.

Because consumers are becoming more and more interested in nutrition and eye health information, we encourage you to have a dialogue with your patients about the growing body of evidence supporting nutrients' role in maintaining healthy eyes.

Ocular Supplement Flyers are available in padded sheets of 50. Send your request to *publicrelations@aoa.org* and specify item NG-2; include your name, AOA member number, practice name, and street address for shipping. Members may also log on to *www.aoa.org* and download a .pdf version for reproduction. ODs also have the option of ordering a personalized supply from the AOA Online Store; order item NG-2. Cost per 100 with imprint is $28. Also new this year is a Spanish-language version of the popular "Recommended Nutrients for Healthy Eyes" patient education tear pads. This piece, along with the English version, is available free of charge, padded in sheets of 50; to request a supply for your office, send an e-mail to *publicrelations@aoa.org*.

'Career Day' speakers' job made easier...

The AOA Paraoptometric Section now offers tools to aid speakers with paraoptometric "career day" presentations at local high schools or community events. "Envision a Future in Paraoptometry" is a PowerPoint presentation with audio that includes topics such as:

- Who are paraoptometrics?
- What does a paraoptometric do?
- How to receive training and certification?

The AOA Paraoptometric Section also offers a brochure, "Find Your Future in Paraoptometry," to extend information about careers in paraoptometry.

To request a complimentary copy of the presentation or brochures, contact the Paraoptometric Section at *PS@aoa.org*.

Wash. OD assists indigents in Phillipines

The EyeCare WeCare Foundation provided 1,769 indigents of Bago City in the Province of Negros Occidental, Philippines, free eye examinations and eyeglasses on a recent medical-vision mission.

"It is very addictive," Dr. Weyrich said. "The more that we do, the more we want to do."

On board the EyeCare WeCare's mobile clinic were the foundation's president-founder James H. Weyrich, O.D., his wife Ellen and 23 well-trained Filipino volunteers.

They traveled to 10 different locations all over the province in nine days. The mission went from Jan. 4 to Jan. 14, 2010.

When the mobile clinic, a converted 40-foot bus, arrives at a venue, the pre-screened patients are registered and their case histories are taken.

They are pretested using an autorefractor in order to determine the recipients' refractive status. A digital tonometer is used to determine the pressure of their eyes for glaucoma screening and blood pressure readings are taken to determine medical problems that may affect their vision.

Dr. Weyrich then determines the health of the eyes to evaluate if they need cataract surgery referrals or eye medications and to determine their eyeglasses prescription.

The next step is to proceed to the makeshift eyeglasses dispensary and receive their eyeglasses.

The foundation carries more than 50,000 pairs of recycled graded eyeglasses. They are all arranged in order of power and can usually be found in just a few minutes. Nearly everyone who receives eyeglasses gets a pair either with their prescription or one that is very close.

EyeCare WeCare Foundation has conducted medical vision missions twice a year in the Philippines since 2005.

To date, the foundation has provided 11,088 disadvantaged rural poor people with eyeglasses.

Aside from the free eye exams and eyeglasses, they also provide eye medications for those who had medical problems. Those with cataracts or pterygiums are referred to the foundation's partner, Resources for the Blind, a Christian, Philippine-based foundation that performs surgeries free for indigents.

The foundation also educates the beneficiaries by counseling them on how to take care of their vision and provides them with reading materials about different eye conditions.

The Philippines have 7,107 islands with almost 900 of them inhabited. The mobile clinic is so important because it can be ferried to most of the islands and then driven to the remote areas to serve the poorest of the poor.

One patient in her early 40s, Helen Tambanillo, had been suffering from an extreme case of nearsightedness all her life. She could just see light and dark. Last year she heard about EyeCare WeCare Foundation, and she tried to visit the foundation's office in Barangay Maao, Bago City.

However, she never got to see the team. Because of her eye defect, she crossed the road without seeing a motorcycle that was heading her way. She was struck by the motorcycle, and the accident caused her injuries for which she was hospitalized.

Gladys, a fourth grader who couldn't read the big E on the chart standing only two feet in front of it, came back in tears to hug and thank Dr. Weyrich after receiving her glasses of -9.50 power in each eye.

This year, Helen finally got to see the team when it visited her home village, Barangay Tabunan, in early January.

"Although she came late, we accommodated her ahead of the others when we learned she was the one who got struck while seeking us out," said Ellen Weyrich, who assists patients in their mobile clinic.

When Helen looked through the doctor's trial lenses and saw the clear world around her, she jumped up and screamed, "I can now see well! I can now see well!"

She refused to let go of the trial lenses until she was assured that she would be able to receive a regular pair with the same prescription from the dispensary outside the bus.

"To make sure that she always sees well, we gave her two pairs," Ellen said.

See Weyrich, page 18

Helen came to the clinic claiming to never remember being able to see and received new eyeglasses, which were a minus 18-diopter correction.

Joel, a 12-year-old from Barangay Pacol, came in with his mother. He had a total corneal scar on his right eye with no vision and stated that he couldn't see the board with his left eye. He could see at near, but had to hold things near his nose. He had never had an eye exam before Dr. Weyrich determined that he needed a -6.25 -4.50 X 95 prescription for his left eye.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association. Got a story to share? Drop a line to *TLOverton@aoa.org*.

Weyrich

from page 17

Helen told her, "I don't know how to express my appreciation to you for making me able to finally see the faces of the members of my family and the world around me."

While the foundation, like many other foundations, has been tremendously affected by the economic slowdown, it has sustained its commitment with some corporate help.

Transitions® Healthy Sight for Life Fund provided funding to install new heavy-duty springs that raised the bus about seven inches. Now the bus can clear large rocks and ruts that it could not before. It can also now be loaded and unloaded on the ferryboats without bottoming out. The grant also was used to make mechanical repairs to the bus.

Wal-Mart Optical donated a Woodlyn Phoropter, which was a great help for this last medical mission.

Bausch + Lomb and Alcon donated eye medications and cataract surgery supplies.

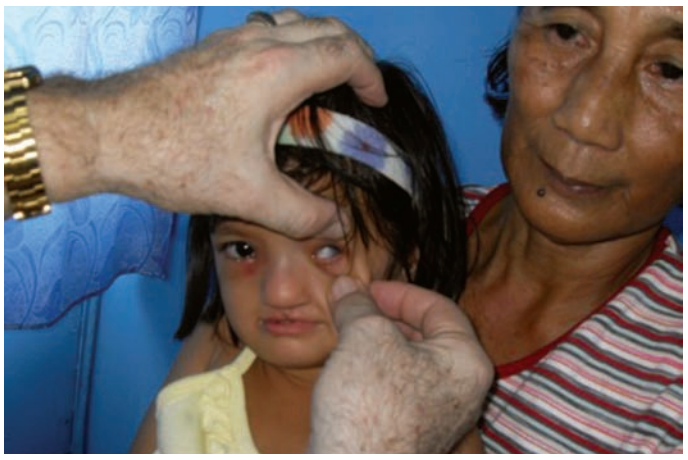
The foundation has also received help from several Indian casinos in Washington state: the Nisqually Indian Tribe, the Muckleshoot Indian Tribe, and the Quinault Indian Nation.

Different Lions Clubs have also financially supported the efforts of the foundation and also provided many of the recycled eyeglasses.

Dr. Weyrich said he is encouraged by the growing interest in and credibility of his organization. He said that in January it was rated online as No. 17 among humanitarian foundations in the world.

To cut down on expenses, Dr. Weyrich is hoping that local shipping lines will agree to ferry its mobile clinic at minimal or no cost. Some crossings cost as much as $500 in U.S. funds.

The foundation is 100 percent voluntary, so when the cost is more to ferry the mobile clinic than it does for an entire mission, the foundation has to limit its travel to other islands because of the transportation costs.



This little girl was born with an undeveloped left eye and a cleft palate. Her fingers and toes were grown together, and her teeth were not developed correctly. She also had limited vision with her good eye. Dr. Weyrich determined that with prescription eyeglasses her right eye could be corrected to 20/25.

Dr. Weyrich expresses hope that Eyecare WeCare will continue to get more corporate support so that it can continue to expand and help more needy people.

"It is very addictive," Dr. Weyrich said. 'The more that we do, the more we want to do."

Aside from Negros Occidental, Dr. Weyrich and his volunteer staff have been to Panay Island and served the Province of Iloilo.

In May, the foundation will ferry the mobile clinic to the Luzon and will be setting up a clinic in Pampanga, near Manila. Pampanga was one of the provinces that was destroyed by three consecutive typhoons in October last year.

EyeCare WeCare Foundation is based in Montesano, Wash.

Dr. Weyrich is a past president of the Washington Optometric Association and was named Optometrist of the Year by the WOA in 1978. He served on the National Advisory Council of Migrant Health under President Ford and President Carter and served on the National Advisory Council of the National Health Service Corps under President Reagan.

He is currently practicing optometry in Aberdeen, Wash., at the Wal-Mart Vision Center.

Schumacher,

from page 13

Seminars.

Schumacher served for two years on the AOA Affiliate Advisory Committee and was appointed to the AOA Leadership Cabinet Pool.

He was also a member of the International Association of Optometric Executives (IAOE) and served on the board of directors for the Oregon Society of Association Management (OSAM) and the Oregon Health Forum.

Schumacher also had a passion for motorcycles.

In his more than 30 years of riding, he logged more than 300,000 miles.

The family requests that contributions and donations go to the Esophageal Cancer Awareness Association.

Visit *www.ecaware.org* for information on donating in his memory.

VA,

from page 1

gists and sub-specialty providers in the VA centers institute formal care coordination agreements to ensure that at-risk patients are appropriately referred for preventive eye care or specialty eye care services.

"This is a positive result that keeps the focus on patients and fully recognizes the essential care provided by hundreds of dedicated VA optometrists nationwide," said Jon Hymes, director of the AOA Advocacy Group. "The AOA will continue working in support of the highest standards of care for America's veterans."

"This is a positive result that keeps the focus on patients and fully recognizes the essential care provided by hundreds of dedicated VA optometrists nationwide."

The letter specifically targets improved care for age-related macular degeneration (AMD), diabetic retinopathy and glaucoma – the three most common etiologies of permanent visual impairment and blindness among the veteran population.

It emphasizes that VA optometrists and ophthalmologists are to work "as equal partners to provide a continuum of high quality eye care services" in the treatment and management of AMD, diabetic retinopathy and glaucoma.

The information letter reminds staff that "the provision of timely and appropriate eye care is a fundamental responsibility of VHA clinicians," requiring knowledge of indications for screening as well as risk factors and clinical symptoms that would indicate a need for referral to early testing, along with an awareness of clinical practice guidelines and appropriate treatment.

The new care coordination agreements will "facilitate referral practices and to ensure seamless continuity of care."

The care coordination agreements are to be reviewed and mutually agreed upon by VA primary care, optometry and ophthalmology staff.

An Ongoing Professional Practice Evaluation peer-review process on AMD, diabetic retinopathy and glaucoma care is also recommended.

The letter also offers specific guidance for managing progressive eye conditions that can lead to vision loss, listing "descriptive points" on screening, diagnosis, and treatment.

The letter specifies that "the diagnosis of AMD, DR, and glaucoma can only be made by an eye care provider."

It also specifies that the treatment of AMD, diabetic retinopathy and glaucoma must be performed in a coordinated manner by eye care specialists.

VA practitioners are referred for guidance on AMD, diabetic retinopathy and glaucoma to the Centers for Disease Control and Prevention, NEI, VA-Department of Defense Clinical Practice Guidelines as well as the AOA Clinical Practice Guidelines and American Academy of Ophthalmology Preferred Practice Patterns.

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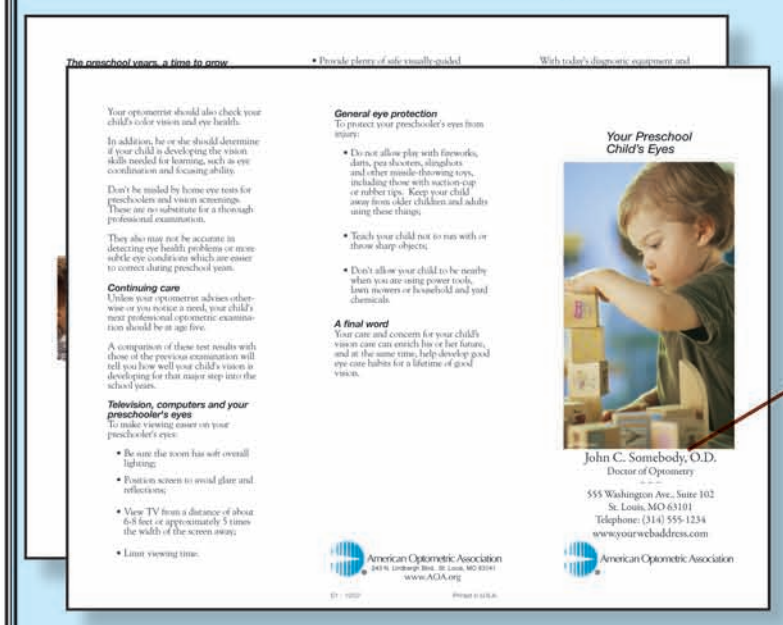
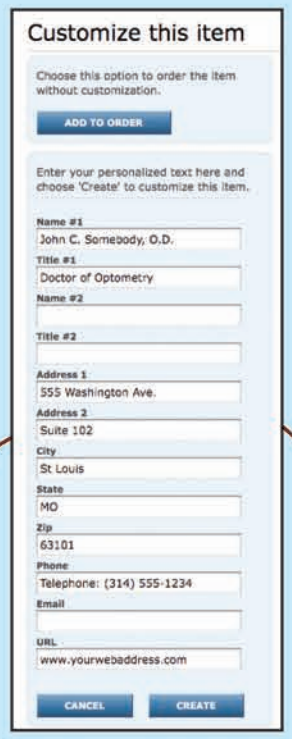
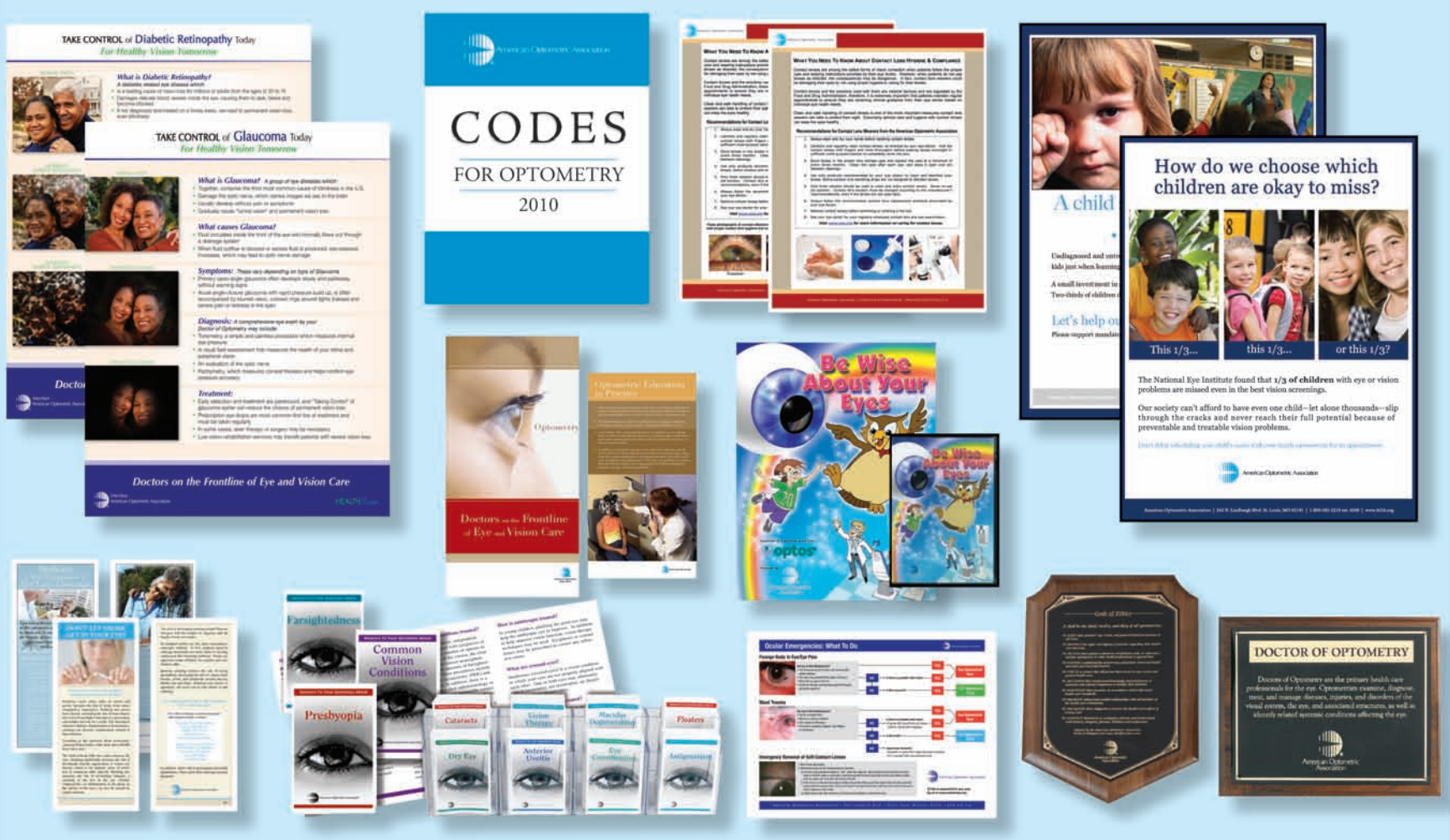




Also Available Online... (more items coming soon)



Go to: www.aoa.org and follow the link to the AOA Online Store...

If you have an AOA member ID number, please log in with the following information:

Username: your six-digit AOA member ID

Password: your six-digit birthday (MMDDYY)

If you do not know your six-digit member number, call the AOA at (800) 365-2219 between the hours of 8 a.m. and 5:00 p.m. CT, Monday through Friday or send an email to logon@aoa.org.

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Optos

Pfizer Ophthalmics

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council ™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Essilor

A letter from our President...

It is always my privilege to address you on behalf of Essilor, a proud supporter of the AOA and its membership. In 2010, optometrists and the eye care industry will have many opportunities to collaborate and collectively continue to move the industry forward in innovative ways. Many of you have undoubtedly seen information on exciting new initiatives to help grow the industry and your individual practices. These programs range from a consumer vision awareness campaign to an industry-wide e-commerce initiative that adds a new dimension of service to your patient relationships.

Essilor is a proud partner of the Think About Your Eyes® Coalition, in conjunction with Luxottica and VSP Global. Through this public awareness campaign, we are reaching patients where they seek information. Through this integrated social media and advertising program, we are educating your patients about the importance of eye health, focusing on topics ranging from eye disease to children's vision and school performance to visual fatigue. For more information on how you can be a part of this industry initiative, visit *www.thinkaboutyoureyes.com*.

As you are well aware, online purchasing is growing, and it will likely grow from about 3 percent to 6 percent in the next year. Through several years of research, Essilor has learned that many ECPs realize that competing individually in online eyewear sales can be difficult; however, in the aggregate, with an industry partner who can invest in it, this can be and is a viable solution. We are extremely excited to offer *MyOnlineOptical.com*, a new advanced service from Essilor, allowing independent eye care professionals to offer e-commerce solutions to patients beyond the traditional brick and mortar. We are extremely pleased to work with the AOA on this important initiative, which paves the way for you to expand your business through the Internet marketplace. And Essilor will continue to seek your guidance and support as this initiative develops.

Finally, I am always personally excited to talk about the success of the Essilor Vision Foundation, whose mission is to eliminate poor vision and its lifelong consequences starting with children and creating and supporting activities that advance good vision and its benefits. The Foundation has completed more than 15,570 vision screenings and 3,597 fittings with the support of its many non-profit and vision industry partners since launching in 2008. This Foundation relies completely on support from its donors to provide potentially life-changing screenings, eye exams and other vision resources to children who cannot afford them otherwise. To support the Foundation's charitable works, please visit *http://essilorvisionfoundation.org*.

In all areas, whether providing the most technologically-advanced lenses and lens treatments, like Varilux® and Crizal®,or creating new opportunities for you to capitalize on an emerging business channel, Essilor remains committed to empowering the eye care industry and making vision health paramount in the minds of your patients.

Let me thank you for your support of our people and our business.

Yours sincerely,
John Carrier
President, Essilor of America

Must-have Tiffany

Tiffany & Co. adds elegant new options to Tiffany Eyewear, the must-have fashion accessory. The collection's latest versions for sunwear interpret such iconic designs as Tiffany Signature™. Shown is style TF 4024. The graphic "X" symbol that defines the Tiffany Signature™ jewelry collection accents a butterfly-shape acetate frame.

Airwear goes green

Essilor of America, Inc., the nation's leading manufacturer of optical lenses, recently announced its Airwear® polycarbonate lenses are made from using environmentally conscious practices, including the use of 100 percent recycled water and packaging and re-purposing unused materials to other industries.

Essilor's responsible manufacturing initiatives include:

- Packaging: Semi-finished Airwear lenses come in 100 percent recyclable cardboard made from 100 percent recyclable wooden fibers, helping eliminate 460,000 pounds of global plastic waste every year.
- Water Consumption: 100 percent recycled water is used for the production of Airwear lenses, thereby conserving millions of gallons of water.
- Recycling Excess Material: Airwear lenses repurpose unused materials to other industries, such as automobiles and toys.
- Donating Eyewear: In partnership with Lions Club International, Essilor will accept old, usable glasses and donate them to those in need.

"Essilor is committed to greener manufacturing with our Airwear lenses," said Carl Bracy, vice president of marketing for Essilor of America. "As an extension of our green practices, we also want to encourage and inspire eye care professionals [ECPs] and their patients to be more responsible with easy and everyday ways to create a green routine."

As part of this commitment, Essilor invited environmentally conscious consumers to share their visions of a greener world by entering the "Lighter. Safer. Greener." contest, which launched on Oct. 1, 2009.

Patients submitted their creative ideas on how they are making the world a greener, more sustainable place for a chance to win Airwear lenses for the entire family. To date the campaign has reached more than 31.8 million consumers though more than 920 media placements, including feature stories and mentions.

For more information, visit *www.Airwear.com*.

Carrera launches international marketing campaign

Carrera presents its new worldwide marketing campaign: striking images, amid bright reflections and vibrant colors, which will surely attract the attention of the public all over the world.

Devised and created by MRM Worldwide Italia, the Digital Thinking Agency of McCann Worldgroup, the campaign's message is direct and effective, thanks to a clear and engaging headline: "Shine On."

The campaign encourages the public to let its inner light show through, to live life to the max and with enthusiasm, wearing Carrera frames and sunglasses.

Featuring original photography, the campaign portrays young men and women in an urban location lit up by warm light that encompasses everything it meets, underlining the dynamic and timeless spirit of the Carrera brand.

The urban location provides the ideal setting for the campaign to unfold. The campaign's super-trendy hipsters, brimming with the same youthful appeal of the frames and sunglasses they are wearing, are self-assured and exude a powerful vital energy.

Digital media channels will play an important part of the campaign, with the launch of the new Web site *www.carreraworld.com* and an expressive social media platform that will allow the brand to bond with its public.

To round off the project, there are plans for ongoing high-profile special events, public relations and music product placement activities.

"We are enthusiastic about the success that Carrera is experiencing all over the world," said Roberto Vedovotto, chief executive officer of Safilo Group. "It is a strategic brand for Safilo, in which we are investing a lot and which we believe still has great growth potential. Wearing a pair of Carrera glasses means expressing your personality, without compromises, while feeling part of a large community. Being oneself but not being alone. This is why our marketing campaign also has its foot on the accelerator in social network channels."

Carrera presents original and stylish creations for the coming season with a collection that has a winning blend of unmistakable style and premium materials. The new eyewear designs are guaranteed to turn heads. The Carrera collection of optical frames and sunglasses is designed by Enzo Sopracolle and produced and distributed by the Safilo Group.

Transitions names diversity board to guide programs, tools

Transitions Optical, Inc. has formed the Transitions Diversity Advisory Board to help guide the company's multicultural initiatives and further strengthen its ability to help eye care professionals provide culturally and linguistically appropriate vision care to a diverse patient base.

The board consists of eye care professionals with expertise on the unique eye health and communication needs of growing groups – including Hispanics, blacks and Asians – as well as cultural experts for each demographic. Throughout 2010, Transitions will work closely with board members to ensure all efforts of its multicultural initiative are culturally sensitive and appropriate. The board will also help identify new programs and tools to support eye care professionals in their efforts to provide the best possible eye care experience for all patients.

"To meet diverse patient needs, we know that diversity of thought and expertise is critical," said Manuel Solis, multicultural marketing manager, Transitions. "Our new board allows us to take our efforts to the next level by seeking input from those who are truly immersed in a specific culture, or who provide care to culturally diverse patients on a daily basis."

"Our new board allows us to take our efforts to the next level by seeking input from those who are truly immersed in a specific culture, or who provide care to culturally diverse patients on a daily basis."

Through its multicultural initiative, Transitions offers eye care professionals staff training and education, as well as bilingual and in-language patient education and resources, to help advance the quality of eye care for all patients, regardless of race or ethnicity.

2010 members of the Transitions Diversity Advisory Board include:

❖ Allert Brown-Gort – Allert is the associate director for the Institute of Latino Studies at the University of Notre Dame. A citizen of both the United States and Mexico, he has worked in both places on Latino, NAFTA and Latin American issues. His research interests include immigration policy and issues of national culture and psychology. He has served as an adviser to the U.S. Senate Hispanic Task Force.

❖ Brian Chou, O.D. – Dr. Chou is a partner at Carmel Mountain Vision Care, a group optometric practice in San Diego. He has authored more than 60 eye care manuscripts, including *Spanish Terminology for the Eyecare Team* and book chapters on keratoconus, cataracts and laser vision correction.

❖ Drake McLean, optician – With more than 25 years of experience, McLean is an optician and president of Dietz-McLean Optical Company – a seven-store retail optical chain in south central Texas that serves a large Hispanic patient base.

❖ John Nishimoto, O.D. – Dr. Nishimoto is a professor and dean of clinical affairs in the Eye Care Center at the Southern California College of Optometry, which serves many Asian and Hispanic patients. Dr. Nishimoto is a fellow of the American Academy of Optometry and served as chair of the Section on Ocular Disease.

❖ Charlotte Parniawski, R.N. – Parniawski is a cultural diversity trainer with the National Multicultural Institute, as well as a registered nurse for Bridgeport Hospital in Bridgeport, Conn. She has a vast knowledge of the Culturally and Linguistically Appropriate Services standards in health care.

❖ Kirk Smick, O.D. – Dr. Smick is chief of optometry services at Clayton Eye Center in Atlanta, where he has served a culturally diverse patient base for 36 years. Dr. Smick is a frequent lecturer in the United States and abroad and currently serves as chair of the Continuing Education Committee for the AOA.

❖ Madeline L. Romeu, O.D. – As a Transitions optometric adviser and optometric physician in West New York, N.J., Dr. Romeu has been a key spokesperson for Transitions Optical's Hispanic-focused initiative and offers insight into cultural aspects of the Asian and Korean demographics.

❖ Renee Thomas – Thomas serves as director of the Purdue University Black Cultural Center. She has more than 20 years of experience in higher education administration, with expertise in program development, student services, community engagement and fundraising.

❖ Vincent Young, M.D. – chairman of the Division of Ophthalmology at Albert Einstein Medical Center in Philadelphia, Dr. Young brings his experience with a black patient base, as well as his knowledge of the impact of diabetes on multiple ethnic groups.

For more information about multicultural education and resources available from Transitions Optical, visit *www.TransitionsPro.com*.

CL wearers seek relief from spring allergy symptoms

For millions of Americans, the arrival of spring brings with it ocular allergy symptoms such as itching, tearing, and redness.

Ocular allergies affect one in every five individuals and are among the most common reasons that people consult various health care professionals for advice on possible treatment and management.

It is estimated that 50 percent of individuals with seasonal and indoor allergies also experience some degree of eye allergies.

While eye allergy symptoms are a year-round problem for many, about 67 percent of allergy sufferers, say that spring is the time of year when eye allergy symptoms are worst, according to a recent survey conducted by the Asthma & Allergy Foundation of America (AAFA), the leading patient advocacy organization for people with asthma and allergies.

For respondents who wear contact lenses, spring is particularly frustrating as nearly half (45 percent) say that their eye-related allergy problems often prevent them from wearing their contacts, and one in 10 (12 percent) admit to having to stopped wearing their contacts because of allergies. The majority of respondents report that they wear their lenses two weeks, one month or longer.

In a recent study presented at the 87th annual meeting of the American Academy of Optometry, researchers reported that only about one-third (36 percent) of wearers of contact lenses prescribed for monthly replacement said that they replaced their lenses as prescribed.

Over half (55 percent) replaced them within five weeks, 23 percent at eight weeks or more, and 14 percent at 10 weeks or more.

"As contact lenses age, they accumulate deposits that may impact the ocular surface," explains Paul Karpecki, O.D., clinical director, Koffler Vision Group, Lexington, Ky. "Factor in the research that shows these patients are not being compliant with their wearing and replacement schedule, and it's no surprise that many are experiencing ocular discomfort and distress. Certain care systems contain preservatives that may further exacerbate discomfort for some allergy sufferers."

For respondents who wear contact lenses, spring is particularly frustrating as nearly half (45 percent) say that their eye-related allergy problems often prevent them from wearing their contacts.

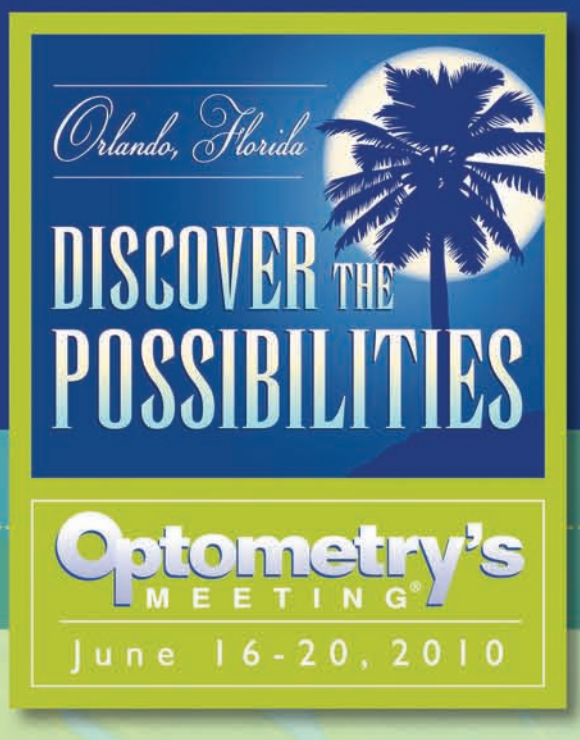
According to Dr. Karpecki, the use of one-day lenses can help minimize the discomfort of the contact lens-allergy combination.

One study found that 67 percent of ocular allergy sufferers who switched to one-day lenses reported improved comfort while only 18 percent of those who simply replaced their conventional two-week daily wear soft contact lenses reported improvement.

"Studies have shown that one-day contacts, such as 1•Day Acuvue® Moist® Brand Contact Lenses can be a healthy and more comfortable option for any lens wearer, including those with eye allergies," he explains. "By putting in a clean, fresh lens every day, one-day contacts minimize the potential for accumulation of allergens and irritants that can often accumulate with repeated use of the same pair of lenses."

To help allergy sufferers better understand and manage their condition, the AAFA offers a free educational brochure titled "Eye Health and Allergies."

The brochure, which also includes smart allergy season strategies for contact lens wearers, can be viewed or downloaded at *www.aafa.org/eyeallergies*.



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- Wines From Across Our Nation in the Exhibit Hall on Thursday
- Buck-a-Beer Night in the Exhibit Hall on Friday
- The Varilux® Optometry Student Bowl™ XIX and reception, where optometry schools compete for academic supremacy – *Sponsored by Essilor*
- Presidential Celebration on Saturday night, featuring Frank Caliendo & John Pinette – *Sponsored by HOYA*

Don't forget to select your hotel from one of the hotels in our block. The AOA has blocked sleeping rooms at the Gaylord Palms® Resort and the Orlando Marriott World Center. Rooms go very fast…don't delay!

To register, take advantage of early bird savings, and learn more about Optometry's Meeting®, visit www.optometrysmeeting.org

American Optometric Association

AOSA 40th Conference

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MEETINGS

May

2010 ARVO ANNUAL MEETING: FOR SIGHT: THE FUTURE OF EYE AND VISION RESEARCH
ASSOCIATION FOR RESEARCH IN VISION AND OPHTHALMOLOGY
May 2-6, 2010
Fort Lauderdale, Florida
Ellyn Terry
eterry@arvo.org
www.arvo.org/ctes

AOA SPORTS VISION SECTION SPORTS VISION UNIVERSITY
May 8, 2010
The Ohio State University, College of Optometry, Columbus, Ohio
Alisa Krewet
800/365-2219, ext. 4137
agkrewet@aoa.org
www.aoa.org/svs.xml

AOA PRACTICE TRANSITIONS
MAY 13, CHICAGO
A comprehensive one-day seminar covering the fundamentals of buying or selling a practice.
314/983-4245
www.aoa.org/practice-transitions
CMBuckingham@aoa.org

2010 CALIFORNIA REGIONAL VISION THERAPISTS' FORUM
The Optometric Extension Program Foundation
May 14-15, 2010
Crown Plaza Hotel, San Diego (Mission Valley), CA
Lyna Dyson, COVT
858/748-6210
visionhlp@juno.com
www.oepf.org/calendar.php

CLINICAL EYE CARE CONFERENCE
Nova Southeastern University College of Optometry
May 14-16, 2010
Nova Southeastern University Main Campus, Ft. Lauderdale, Florida
954/262-4224
oceaa@nova.edu
www.optometry.nova.edu/ce/

SC OPTOMETRIC PHYSICIANS ASSOCIATION AND THE NSU OKLAHOMA COLLEGE OF OPTOMETRY
LASER THERAPY FOR THE ANTERIOR SEGMENT
May 20-22, 2010
Charleston, SC
1-877-799-6721
FAX: 803/799-1064
info@sceyedoctors.com

PENNSYLVANIA OPTOMETRIC ASSOCIATION
SPRING CONGRESS & EDUCATIONAL CONFERENCE
May 21-23, 2010
Seven Springs Resort, Champion, Pennsylvania
Ilene Sauertieg
717/233-6455
www.poaeyes.org

OPTOMETRIC BUSINESS MANAGEMENT SYMPOSIUM
Tennessee Optometric Association and CIBA/Essilor's Management & Business Academy
May 22-23, 2010
Opryland Hotel, Nashville, TN
Bridget Jones
1-800-451-2438
bridget@usit.net
www.toaonline.org

CE IN ITALY
2010 CONFERENCES
May 23-25, 2010
Cinque Terre, Italy
James L. Fanelli, O.D., FAAO
910/452-7225
FAX: 910/452-7229
jamesfanelli@ceinitaly.com
www.CEinItaly.com

CE IN ITALY
2010 CONFERENCES
May 27-29, 2010
Rome, Italy
James L. Fanelli, O.D., FAAO
910/452-7225
FAX: 910/452-7229
jamesfanelli@ceinitaly.com
www.CEinItaly.com

June

GEORGIA OPTOMETRIC ASSOCIATION
GOA 106TH ANNUAL MEETING
June 3-6, 2010
Sawgrass Marriott Golf Resort & Spa
Vanessa Grosso
800/949-0060, ext. 1
FAX: 770/961-9965
vanessgoa@aol.com
www.goaeyes.com

MAINE OPTOMETRIC ASSOCIATION
JUNE "SUMMER" CONFERENCE
June 4-6, 2009
Harborside Hotel & Marina, Bar Harbor, Maine
Joann Gagne
207/626-9920
www.MaineEyeDoctors.com

UTAH OPTOMETRIC ASSOCIATION
UOA ANNUAL CONGRESS
June 4-6, 2010
Zermatt Resort, Midway, Utah
Clive Watson
801/364-9103
uoa@xmission.com
www.utaheyedoc.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION MID-YEAR MEETING
June 4-6, 2010
The Bavarian Inn, Shepherdstown, West Virginia
Chad D. Robinson
304/720-8262
www.wvoa.com

NORTH CAROLINA STATE OPTOMETRIC SOCIETY
ANNUAL SPRING CONGRESS
June 5-7, 2010
Myrtle Beach, South Carolina
Sue Gardner
252/237-6197
FAX: 252/237-9233
nceyecare@aol.com
www.nceyes.org (March 2010)

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
SPRING DOUBLE HEADER: INTERDISCIPLINARY MANAGEMENT OF THE DIABETES PATIENT AND RETINA UPDATE 2010
April 10-11, 2010
Nova Southeastern University Main Campus Ft. Lauderdale, Florida
954-262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/

108TH ANNUAL CONVENTION
VOA MIDDLE ATLANTIC CONTINUING EDUCATION CONFERENCE & PARAOPTOMETRIC EDUCATION CONFERENCE
Virginia Optometric Association
June 11-13, 2010
Norfolk Waterside Marriott, Norfolk, VA B. Bennett Keeney, Jr.
804/643-0309
voaeyedocs@aol.com

OPTOMETRY ASSOCIATION OF LOUISIANA
ANNUAL CONVENTION, PLUS AOA EHR PRPOGRAM
June 11-13, 2010
Hilton Hotel, Lafayette, LA
Dr. Jim Sandefur
318-335-0675
optla@bellsouth.net

TROPICAL CE
DISNEY CRUISE 2010
JUNE 13-18, 2010
M / S DISNEY WONDER
Josh Ogden
281/900-8493
FAX: 281/274-9338
www.tropicalce.com

OPTOMETRY'S MEETING®
June 16 - 20, 2010
Gaylord Palms® Resort & Convention Center
Orlando, FL
www.optometrysmeeting.org

AMERICAN OPTOMETRIC ASSOCIATION
AOA PRACTICE TRANSITIONS
June 16, 2010
Optometry's Meeting®, Orlando, Florida
Cathy Buckingham
314/983-4245
cmbuckingham@aoa.org
www.aoa.org/practice-transitions

July

AEA CRUISES
OPTOMETRIC CRUISE SEMINAR
July 1-11, 2010
Scandinavia and Russia, Aboard the Star Princess
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

THERAPEUTIC PHARMACEUTICAL AGENTS CERTIFICATION COURSE
Nova Southeastern University College of Optometry
July 8-22, 2010
Nova Southeastern University Main Campus, Ft. Lauderdale, Florida
954/262-4224
oceaa@nova.edu
www.optometry.nova.edu/ce/

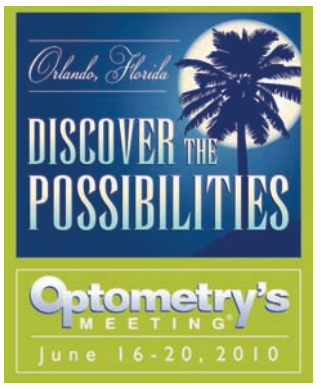
ANNUAL CONVENTION
NATIONAL OPTOMETRIC ASSOCIATION
July 14-18, 2010
Hilton Caribe, San Juan, Puerto Rico
Melantha Nephew, O.D.
972/296-0100
Noa.2020@yahoo.com
www.nationaloptometricassociation.org

COLORADO OPTOMETRIC ASSOCIATION AND THE MOUNTAIN STATES CONGRESS OF OPTOMETRY
COLORADO VISION SUMMIT
July 15-18, 2010
Steamboat Grand Hotel (doctor's program), Sheraton Steamboat Hotel (para program & exhibits),
Barbara Zablotny
303/863-9472
877/691-2095
barbaraz@visioncare.org;
cvs@visioncare.org
www.visioncare.org

WISCONSIN OPTOMETRIC ASSOCIATION
WALL-EYE CONFERENCE
July 15-19, 2010
Dogskin Lake Lodge, Manitoba, Canada
Joleen Brenig
800/678-5357
FAX: 608/824-2205
joleenwoaoffice@tds.net
www.woa-eyes.org

IOWA OPTOMETRIC ASSOCIATION
OKOBOJI OPTOMETRIC MEETING
July 16-18, 2010
The Inn, Okoboji, Iowa
Chris Halsten
800/444-1772
FAX: 515/222-9073
chrish@iowaoptometry.org
www.iowaoptometry.org

VOA CODING FOR CURRENCY
VIRGINIA OPTOMETRIC ASSOCIATION
July 17-18, 2010
Hilton Hotel, Virginia Beach, VA
Bruce Keeney
804/643-0309
voaeyedocs@aol.com



AEA CRUISES
OPTOMETRIC CRUISE SEMINAR
July 17-24, 2010
Alaska (Inside Passage), Aboard the Golden Princess
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

NORTHERN ROCKIES OPTOMETRIC CONFERENCE
July 22-24, 2010
Snow King Conference Center, Jackson Hole, Wyoming
Dan J. Lex
307/637-7575
FAX: 307/638-8472
www.nrocmeeting.com

ANNUAL CONVENTION
FLORIDA OPTOMETRIC ASSOCIATION
July 22-25, 2010
Orlando Hilton, Orlando, FL
Kellie B Webb
800-399-2334

SACRAMENTO VALLEY OPTOMETRIC SOCIETY
SVOS Tahoe Seminar
July 23-25, 2010
Embassy Suites Resort, South Lake Tahoe, California
916/447-0270
jerrysue@svos.info
www.svos.info

114TH MOA SUMMER SEMINAR
MICHIGAN OPTOMETRIC ASSOCIATION
July 30-August 1, 2010
Boyne Mountain Grand Lodge, Boyne Falls, Michigan
Pam Steffy
517/482-0616
FAX: 517/482-1611
pam@themoa.org
www.themoa.org

August

SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION
EDUCATIONAL RETREAT 2010
August 6-8, 2010
Captiva Island, Florida
Brad Middaugh, O.D.
239/481-7799 or 239/542-4627
FAX: 239/481-3739
e-mail: swfoa@att.net
www.genesisgt.com/swfoa

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org. Please allow several months' lead time.

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PA-FT Optometrist Full-time position available in large private practice located in York. Professional environment with the latest technology. If interested, please e-mail tracey@weavereye.com or call (717)741-4788.

ST. LOUIS, MO - FULL TIME OPTOMETRIST. Full time optometrist needed for private group practice in St. Louis County, and St. Charles County. Highly progressive, full scope primary/medical eyecare with state-of-the-art equipment. Great benefit and salary package. Please forward CV and inquire via e-mail to: jjwachter@gmail.com

Miscellaneous

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it…?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call 818-248-3823, ask for Toni Bristol.

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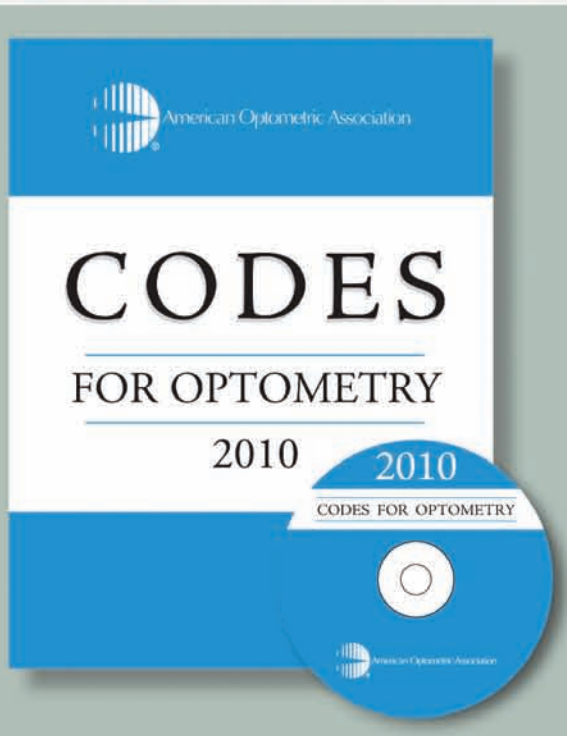
How would you like to donate your outdated equipment to a worthy cause and receive a *tax deduction* at the same time? VOSH-INTERNATIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.
Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.
All items may be shipped directly to:
VOSH INTERNATIONAL
C/O VOSH-SE
3701 SE 66th St
Ocala, Florida 34480
Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email dpvc@juno.com and/or voshinternational@comcast.net.

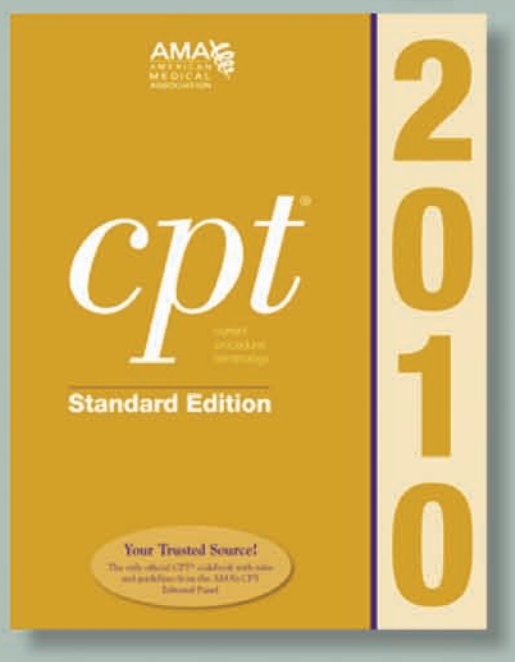
Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $65 (40 words maximum) 2 column inches - $115 (80 words maximum) 3 column inches = $155 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Traci Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

"The Official Coding Tool" For Your Optometric Practice.





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Charles B. Brownlow, OD, Associate Director, AOA Third Party Center

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- **ICD-9-CM - International Classification of Diseases (abridged for eye care)**
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- **The Correct Coding Initiative Edits for common eye care codes**

All critical to doctors and to key staff assigned to review patients' medical records and submit claims for services.

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Special Member Price $125.00

Item# ODE13-1
(Codes for Optometry book only)
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Item# ODE13-CD
(Codes for Optometry CD only)
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Item# ODE13-ALL
(Both books plus CD of Codes for Optometry)
Special Member Price $150.00

Item# CPT
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Look into this unique family of monthly contact lenses and discover outstanding comfort all day, every day for a healthy, natural feeling.

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*AIR OPTIX® AQUA (lotrafilcon B) and AIR OPTIX® AQUA MULTIFOCAL (lotrafilcon B) contact lenses: Dk/t = 138 @ -3.00D. AIR OPTIX® NIGHT & DAY® AQUA (lotrafilcon A) contact lenses: Dk/t = 175 @ -3.00D. AIR OPTIX® for ASTIGMATISM (lotrafilcon B) contact lenses: Dk/t = 108 @ -3.00D, -1.25D x 180. Other factors may impact eye health.

Important information for AIR OPTIX® AQUA (lotrafilcon B), AIR OPTIX® AQUA MULTIFOCAL (lotrafilcon B) and AIR OPTIX® for ASTIGMATISM (lotrafilcon B) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness, presbyopia and/or astigmatism. Risk of serious eye problems (i.e., corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

Brief statement of intended use: AIR OPTIX® NIGHT & DAY® AQUA lenses (lotrafilcon A) are indicated for daily wear or extended wear for up to 30 continuous nights. Warning: The risk of serious ocular complications is greater for extended wear as compared to daily wear of contact lenses and smoking increases the risks. Precautions: Not all patients can achieve the maximum wear time of up to 30 nights of continuous wear. Patients should be monitored closely during the first month of 30-night continuous wear. The maximum suggested wearing time should be determined by the eye care professional based upon the patient's physiological eye condition because individual responses to contact lenses vary. Side effects: Infiltrative keratitis was reported at a rate of approximately 5% during the one-year US study of 1300 eyes. Other side effects included conjunctivitis, GPC, and lens discomfort, including dryness, mild burning, or stinging. Contraindications: The lens should not be used when an inflammation or infection of the eye is present, or when there is any disease or injury in or around the eye or eyelids. The lenses should not be used by individuals who have medical conditions that might interfere with contact lens wear. Consult the package insert for complete information about AIR OPTIX® NIGHT & DAY® AQUA lenses, available without charge from **CIBA VISION® Corporation** at **1-800-241-5999** or **cibavision.com**.

References: 1. Lenses worn daily wear for the manufacturer-recommended replacement period using Clear Care® Cleaning and Disinfecting Solution for cleaning and disinfection; CIBA VISION data on file, 2008. 2. Based on in vitro measurements compared to high water content (>50%) HEMA lenses; CIBA VISION data on file, 2008.

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cibavision.com